

YOUR TRAVEL INSURANCE POLICY

Reference Number: WHIL/ROCK/03/2010



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YOUR TRAVEL INSURANCE FOR YOUR PEACE OF MIND

PLEASE take a little time to read and understand what **we** will cover and what **we** will not cover along with what **you** should do in the event of a claim to avoid any frustration or disappointment.

We would also like to draw **your** attention to restrictions on this policy in terms of age and **pre-existing medical condition(s)** as outlined in this policy document.

After reading this document, if **you** decide the terms of the insurance contract does not meet **your** requirements **you** can, WITHIN 14 DAYS OF THE DATE YOU RECEIVED THIS DOCUMENT, return it to the seller from whom you purchased the cover, for a full refund of premium.

Steve Tighe
General Manager
White Horse Insurance Ireland Ltd

TRAVEL INSURANCE

This travel insurance has been arranged on behalf of Rock Insurance Services and is underwritten by White Horse Insurance Ireland Limited.

The Insurer for this policy is:
White Horse Insurance Ireland Ltd
Registered Office:
14 Clyde Road, Ballsbridge, Dublin 4, Republic of Ireland.

This evidence of insurance is to confirm that those persons who have paid the appropriate premium are insured under Master Certificate Number **WHIL/ROCK/03/2010**.

This document only constitutes a valid evidence of insurance when it is issued in conjunction with a validation **certificate** issued between 01 March 2010 and 28 February 2011.

All travel must commence prior to 28 February 2013.

GEOGRAPHICAL LIMITS

Area 1 – United Kingdom

Area 2 – Albania, Andorra, Armenia, Austria, Azerbaijan, Belarus, Belgium, Bosnia-Herzegovina, Bulgaria, Channel Islands, Croatia, Cyprus, Czech Republic, Denmark (including Faroe Islands), Egypt, Estonia, Finland, France(including Corsica), Georgia, Germany, Gibraltar, Greece (including Greek Isles), Hungary, Iceland, Ireland, Isle of Man, Italy (including Aeolian Islands, Sardinia, Sicily), Latvia, Liechtenstein, Lithuania, Luxembourg, Macedonia, Malta, Moldova, Monaco, Morocco, Netherlands, Norway (including Jan Meyen, Svalbard Islands), Poland, Portugal (including the Azores and Madeira Islands), Romania, Russia (European), San Marino, Serbia/Montenegro (including Kosovo), Slovakia, Slovenia, Spain (including the Balearic Islands and Canary Islands), Sweden, Switzerland, Tunisia, Turkey, Ukraine, Vatican City

Area 3 - Worldwide (excluding the United States, Canada, Bermuda and the Caribbean)

Area 4 – Australia and New Zealand

Area 5 – Worldwide (including the United States, Canada, Bermuda and the Caribbean)

POLICY AGE LIMITS

Single Trip - 79 years at time of purchasing **your** insurance

Annual Multi Trip - 79 years at time of purchasing **your** insurance

READ ME FIRST

EVIDENCE OF COVER

You should read this document carefully. It gives **you** full details of what is and is not covered and the conditions of the cover. Cover will vary from **policy to policy** and **Insurer to Insurer**.

CONDITIONS, EXCLUSIONS AND WARRANTIES

Conditions, exclusions and warranties will apply to individual sections of **your policy** while general exclusions, conditions and warranties will apply to the whole of **your policy**. It is a condition of this **policy** that all material facts must be disclosed to **us** at the time of taking out this insurance. Failure to do so may result in **our** non-liability for claims.

SPECIAL SPORTS & ACTIVITIES

You are only automatically covered under the **policy** for claims arising from activities shown within Table A and Table B under Section 33 (please note that if **you** engage in Table B or D activities, cover is excluded under the Personal Accident and Personal Liability sections.) If **you** require cover for **Winter Sports** or any other sports or hazardous activities, **you** must contact the Travel Helpline on 0844 482 0660 and arrange additional cover.

PROPERTY CLAIMS

These claims are paid based on the value of the goods at the time **you** lose them and not on a 'new for old' or replacement cost basis. An allowance for wear, tear and depreciation will be deducted. Certain items of **personal possessions** are not covered.

PERSONAL LIABILITY

There is no cover for personal liability claims arising directly or indirectly from, happening through or in consequence of ownership, possession or use of any vehicle, automobile, aircraft or any mechanically propelled conveyance.

POLICY LIMITS

All sections of **your policy** have limits on the amount the **Insurer** will pay under that section. There are also specific limits under the **Personal Possessions** section for: any **single item, valuables**, items for which an original receipt, proof of purchase or an insurance valuation is not supplied.

POLICY EXCESSES

Under most sections of the policy, claims will be subject to an **excess** per person. This means that **you** will be responsible for the first part of the claim. The amount **you** have to pay is the **excess**.

REASONABLE CARE / UNATTENDED PROPERTY

You must exercise reasonable care to prevent **illness**, injury or loss or damage to **your** property, as if uninsured. There is no cover for property left **unattended** in a place to which the general public has access. There is no cover for loss of **cash** which was not carried on the **Insured's** person unless placed in a safety deposit box or similar locked, fixed receptacle.

COMPLAINTS PROCEDURE

If **you** have any cause for complaint regarding this insurance, please refer to the relevant section of this document for the complaints procedure to follow.

CANCELLATION PERIOD

If, after reading this policy **you** are not satisfied with it for any reason, **you** must return the **certificate** to the seller from whom you purchased the cover within 14 days of receipt in order to receive a full refund of premium, provided that a claim does not exist and that travel has not taken place.

INFANTS

Please note that any person under the age of 2 years old at the time of inception of this insurance, will be insured for free when travelling with an insured adult.

MATERIAL FACTS

You MUST disclose all material facts. A material fact is one that is likely to influence the **Insurer** in accepting **your** insurance. If **you** are in any doubt as to whether a fact is 'material', **you** should tell **us**. If the fact is considered to be material, **you** should seek written confirmation. If **you** do not disclose material facts, it may result in **your** claims being invalid.

LAW APPLICABLE UNDER THIS CONTRACT

The **Insurer** and the **Insured** are entitled to choose the law applicable to the insurance contract. The **Insurer** chooses the laws of England and Wales and, in the absence of any agreement to the contrary, the laws of England and Wales shall apply.

IMPORTANT CONDITIONS RELATING TO HEALTH

You must comply with the following conditions in order to have full protection under this policy. If you do not comply, we may, at our option, cancel the policy, refuse to deal with your claim or reduce the amount of any claim payment.

This travel insurance operates on the basis that:

- You must be healthy, fit to travel and to undertake your planned trip;
- You are not travelling against the advice of a medical practitioner or would be had you sought his/her advice;
- You are not travelling with the intention of obtaining medical treatment or consultation abroad;
- You do not have any undiagnosed symptoms that require attention or investigation in the future (i.e. symptoms for which you are awaiting investigations/consultations, or are awaiting results of investigations, and where the underlying cause has not been established).

Claims arising directly or indirectly from any pre-existing medical condition affecting any person travelling under this insurance are not covered unless you declare all conditions to our medical screening provider, AllClear, prior to commencement of the trip and they are accepted for insurance in writing. (See the waived conditions list and acceptance criteria shown below).

For the purposes of this insurance, a pre-existing medical condition is defined as:

- any past or current medical condition that has given rise to symptoms or for which any form of treatment or prescribed medication, medical consultation, investigation or follow-up/check-up has been required or received during the 12 months prior to the commencement of cover under this policy and/or prior to any trip; and
- any cardiovascular or circulatory condition (e.g heart condition, hypertension, blood clots, raised cholesterol, stroke, aneurysm) that has occurred at any time prior to the commencement of cover under this policy and/or prior to any trip.

Has anyone travelling under this policy:

- Been prescribed any medication, received any treatment, or attended any consultations, investigations or follow-ups, for any medical or psychological conditions in the last 12 months?
- Ever been prescribed medication, received treatment or had investigations, for:
 - A heart attack, angina, chest pain(s), or any other heart condition?
 - High blood pressure, blood clots, raised cholesterol, aneurysm or circulatory disease?
 - Any form of stroke, TIA (transient ischaemic attack) or brain haemorrhage?

If you have answered 'Yes' to any of the above questions in respect of yourself or anyone travelling under this policy, you must contact AllClear by telephone on 0845 250 5247 to declare the condition(s) and ensure that the cover will meet your needs. You will be asked further questions about the condition(s) and an additional premium may be payable to cover the declared condition(s), and/or further terms may be imposed.

Changes in Your Health

Each person who has a pre-existing medical condition must make a medical health declaration before each period of insurance. However, you must also declare any changes in your health or prescribed medication prior to departing on any trip. Failure to declare any changes in your state of health may invalidate the policy.

Waived Conditions

The following medical conditions are covered subject to the normal terms and conditions of this insurance and need not be declared to AllClear, provided the insured person can meet ALL of the following criteria:

- has NO other pre-existing medical condition(s) which is not listed below; and
- is not awaiting surgery for the condition; and
- has been fully discharged from any post-operative follow-up.

IMPORTANT NOTE: IF THE INSURED PERSON DOES NOT MEET ALL OF THE CRITERIA SHOWN ABOVE THEN A FULL AND COMPLETE DECLARATION OF ALL PRE-EXISTING MEDICAL CONDITIONS (INCLUDING ANY LISTED BELOW) MUST BE MADE TO THE MEDICAL SCREENING HELPLINE.

WAIVED CONDITIONS TABLE

<input type="checkbox"/> Abnormal Smear Test	<input type="checkbox"/> Chronic fatigue syndrome (if only symptom is fatigue)	<input type="checkbox"/> Epiphora (Watery Eye)
<input type="checkbox"/> Achilles Tendon Injury	<input type="checkbox"/> Coeliac Disease	<input type="checkbox"/> Epispadias
<input type="checkbox"/> Acne	<input type="checkbox"/> Cold Sore (Herpes Simplex)	<input type="checkbox"/> Epistaxis (Nosebleed)
<input type="checkbox"/> Acronyx (Ingrowing Toe-nail)	<input type="checkbox"/> Colitis (simple)	<input type="checkbox"/> Erythema Nodosum
<input type="checkbox"/> Adenoids	<input type="checkbox"/> Common Cold(s)	<input type="checkbox"/> Essential Tremor
<input type="checkbox"/> Allergic Rhinitis	<input type="checkbox"/> Conjunctivitis	<input type="checkbox"/> Facial Neuritis (Trigeminal Neuralgia)
<input type="checkbox"/> Alopecia	<input type="checkbox"/> Constipation	<input type="checkbox"/> Facial Paralysis (Bell's Palsy)
<input type="checkbox"/> Anal Fissure/Fistula	<input type="checkbox"/> Corneal Graft	<input type="checkbox"/> Femoral Hernia
<input type="checkbox"/> Appendectomy	<input type="checkbox"/> Cosmetic Surgery	<input type="checkbox"/> Fibroadenoma
<input type="checkbox"/> Astigmatism	<input type="checkbox"/> Cyst - Breast	<input type="checkbox"/> Fibroid - Uterine
<input type="checkbox"/> Athlete's Foot (Tinea Pedis)	<input type="checkbox"/> Cyst - Testicular	<input type="checkbox"/> Fibromyalgia
<input type="checkbox"/> Attention Deficit Hyperactivity Disorder	<input type="checkbox"/> Cystitis (fully recovered, no hospital admissions)	<input type="checkbox"/> Fibromyositis
<input type="checkbox"/> Bell's Palsy (Facial Paralysis)	<input type="checkbox"/> Cystocele (fully recovered, no hospital admissions)	<input type="checkbox"/> Fibrositis
<input type="checkbox"/> Benign Prostatic Enlargement	<input type="checkbox"/> D & C	<input type="checkbox"/> Frozen Shoulder
<input type="checkbox"/> Bladder Infection (fully recovered, no hospital admissions)	<input type="checkbox"/> Deaf Mutism	<input type="checkbox"/> Gall Bladder Removal
<input type="checkbox"/> Blepharitis	<input type="checkbox"/> Deafness	<input type="checkbox"/> Ganglion
<input type="checkbox"/> Blindness	<input type="checkbox"/> Dental Surgery	<input type="checkbox"/> Glandular Fever (full recovery made)
<input type="checkbox"/> Blocked Tear Ducts	<input type="checkbox"/> Dermatitis (no hospital admissions or consultations)	<input type="checkbox"/> Glaucoma
<input type="checkbox"/> Breast - Fibroadenoma	<input type="checkbox"/> Deviated Nasal Septum	<input type="checkbox"/> Glue Ear (resolved - must be all clear prior to travel if flying)
<input type="checkbox"/> Breast Cyst(s)	<input type="checkbox"/> Diarrhoea and/or Vomiting (resolved)	<input type="checkbox"/> Goitre
<input type="checkbox"/> Breast Enlargement/Reduction	<input type="checkbox"/> Dilatation and Curettage	<input type="checkbox"/> Gout
<input type="checkbox"/> Broken Bones (other than head or spine) - (no longer in plaster)	<input type="checkbox"/> Dislocated Hip	<input type="checkbox"/> Grave's Disease
<input type="checkbox"/> Bunion (Hallux Valgus)	<input type="checkbox"/> Dislocations	<input type="checkbox"/> Grommet(s) inserted (Glue Ear)
<input type="checkbox"/> Bursitis	<input type="checkbox"/> Dry Eye Syndrome	<input type="checkbox"/> Gynaecomastia
<input type="checkbox"/> Caesarean Section	<input type="checkbox"/> Dyspepsia	<input type="checkbox"/> Haematoma (external)
<input type="checkbox"/> Candidiasis (oral or vaginal)	<input type="checkbox"/> Ear Infections (resolved - must be all clear prior to travel if flying)	<input type="checkbox"/> Haemorrhoidectomy
<input type="checkbox"/> Carpal Tunnel Syndrome	<input type="checkbox"/> Eczema (no hospital admissions or consultations)	<input type="checkbox"/> Haemorrhoids (Piles)
<input type="checkbox"/> Cartilage Injury	<input type="checkbox"/> Endocervical Polyp	<input type="checkbox"/> Hallux Valgus (Bunion)
<input type="checkbox"/> Cataracts	<input type="checkbox"/> Endocervicitis	<input type="checkbox"/> Hammer Toe
<input type="checkbox"/> Cervical Erosion	<input type="checkbox"/> Endometrial Polyp	<input type="checkbox"/> Hay Fever
<input type="checkbox"/> Cervicitis	<input type="checkbox"/> Epididymitis	<input type="checkbox"/> Hernia (not Hiatus)
<input type="checkbox"/> Chalazion		<input type="checkbox"/> Herpes Simplex (Cold Sore)
<input type="checkbox"/> Chicken Pox (fully resolved)		<input type="checkbox"/> Herpes Zoster (Shingles)
<input type="checkbox"/> Cholecystectomy		<input type="checkbox"/> Hip Replacement (no subsequent arthritis)
		<input type="checkbox"/> Hives (Nettle Rash)

<input type="checkbox"/> Housemaid's Knee (Bursitis)	<input type="checkbox"/> Myxoedema	<input type="checkbox"/> Tennis Elbow
<input type="checkbox"/> HRT (Hormone Replacement Therapy)	<input type="checkbox"/> Nasal Infection	<input type="checkbox"/> Tenosynovitis
<input type="checkbox"/> Hyperthyroidism (Overactive Thyroid)	<input type="checkbox"/> Nasal Polyp(s)	<input type="checkbox"/> Termination of Pregnancy
<input type="checkbox"/> Hypospadias	<input type="checkbox"/> Nettle Rash (Hives)	<input type="checkbox"/> Testicles - Epididymitis
<input type="checkbox"/> Hypothyroidism (Underactive Thyroid)	<input type="checkbox"/> Neuralgia, Neuritis	<input type="checkbox"/> Testicles - Hydrocele
<input type="checkbox"/> Impetigo	<input type="checkbox"/> Nosebleed(s)	<input type="checkbox"/> Testicles - Varicocele
<input type="checkbox"/> Indigestion	<input type="checkbox"/> Nystagmus	<input type="checkbox"/> Testicular Cyst
<input type="checkbox"/> Influenza	<input type="checkbox"/> Obstructive Sleep Apnoea	<input type="checkbox"/> Testicular Torsion (Twisted Testicle)
<input type="checkbox"/> Ingrowing Toe-nail (Acronyx)	<input type="checkbox"/> Osgood-schlatter's Disease	<input type="checkbox"/> Throat Infection(s)
<input type="checkbox"/> Inguinal Hernia	<input type="checkbox"/> Osteochondritis	<input type="checkbox"/> Thrush
<input type="checkbox"/> Insomnia	<input type="checkbox"/> Otosclerosis	<input type="checkbox"/> Thyroid - Overactive
<input type="checkbox"/> Intercoastal Neuralgia	<input type="checkbox"/> Overactive Thyroid	<input type="checkbox"/> Thyroid Deficiency
<input type="checkbox"/> Intertrigo	<input type="checkbox"/> Parametritis	<input type="checkbox"/> Tinea Capitis (Scalp Ringworm)
<input type="checkbox"/> Irritable Bowel Syndrome (IBS)	<input type="checkbox"/> Pediculosis	<input type="checkbox"/> Tinea Corporis (Skin Ringworm)
<input type="checkbox"/> Keinboeck's Disease	<input type="checkbox"/> Pelvic Inflammatory Disease	<input type="checkbox"/> Tinea Pedis (Athlete's Foot)
<input type="checkbox"/> Keratoconus	<input type="checkbox"/> Photodermatitis	<input type="checkbox"/> Tinnitus
<input type="checkbox"/> Knee Injury - Collateral/cruciate ligaments	<input type="checkbox"/> Piles	<input type="checkbox"/> Tonsillitis
<input type="checkbox"/> Knee Replacement (no subsequent arthritis)	<input type="checkbox"/> Pityriasis Rosea	<input type="checkbox"/> Tooth Extraction
<input type="checkbox"/> Kohlers Disease	<input type="checkbox"/> Post Viral Fatigue Syndrome (if the only symptom is fatigue)	<input type="checkbox"/> Toothache
<input type="checkbox"/> Labyrinthitis	<input type="checkbox"/> Pregnancy (provided no complications)	<input type="checkbox"/> Torn Ligament
<input type="checkbox"/> Laryngitis	<input type="checkbox"/> Prickly Heat	<input type="checkbox"/> Torticollis (Wry Neck)
<input type="checkbox"/> Learning Difficulties	<input type="checkbox"/> Prolapsed Uterus (womb)	<input type="checkbox"/> Trichomycosis
<input type="checkbox"/> Leptothrix	<input type="checkbox"/> Pruritis	<input type="checkbox"/> Trigeminal Neuralgia
<input type="checkbox"/> Leucoderma	<input type="checkbox"/> Psoriasis (no hospital admissions or consultations)	<input type="checkbox"/> Turner's Syndrome
<input type="checkbox"/> Lichen Planus	<input type="checkbox"/> Repetitive Strain Injury	<input type="checkbox"/> Twisted Testicle
<input type="checkbox"/> Ligaments (injury)	<input type="checkbox"/> Retinitis Pigmentosa	<input type="checkbox"/> Umbilical Hernia
<input type="checkbox"/> Lipoma	<input type="checkbox"/> Rhinitis (Allergic)	<input type="checkbox"/> Underactive Thyroid
<input type="checkbox"/> Macular Degeneration	<input type="checkbox"/> Rosacea	<input type="checkbox"/> Undescended Testicle
<input type="checkbox"/> Mastitis	<input type="checkbox"/> Ruptured Tendons	<input type="checkbox"/> Urethritis (fully recovered, no hospital admissions)
<input type="checkbox"/> Mastoidectomy (resolved - must be all clear prior to travel if flying)	<input type="checkbox"/> Salpingo-oophoritis	<input type="checkbox"/> URTI (Upper Respiratory Tract Infection) (resolved, no further treatment)
<input type="checkbox"/> Menopause	<input type="checkbox"/> Scabies	<input type="checkbox"/> Urticaria
<input type="checkbox"/> Menorrhagia	<input type="checkbox"/> Scalp Ringworm (Tinea Capitis)	<input type="checkbox"/> Uterine Polyp(s)
<input type="checkbox"/> Migraine (provided this is a definite diagnosis and there are no ongoing investigations)	<input type="checkbox"/> Scheuermann's Disease	<input type="checkbox"/> Uterine Prolapse
<input type="checkbox"/> Miscarriage	<input type="checkbox"/> Sebaceous Cyst	<input type="checkbox"/> Varicocele
<input type="checkbox"/> Mole(s)	<input type="checkbox"/> Shingles (Herpes Zoster)	<input type="checkbox"/> Varicose Veins - legs only, never any ulcers or cellulitis (if GP has confirmed that client is fit to travel)
<input type="checkbox"/> Molluscum Contagiosum	<input type="checkbox"/> Shoulder Injury	<input type="checkbox"/> Vasectomy
<input type="checkbox"/> Myalgia (Muscular Rheumatism)	<input type="checkbox"/> Sinusitis	<input type="checkbox"/> Verruca
<input type="checkbox"/> Myalgic Encephalomyelitis (ME) (if the only symptom is fatigue)	<input type="checkbox"/> Skin Ringworm (Tinea Corporis)	<input type="checkbox"/> Vertigo - provided no disabling episodes
	<input type="checkbox"/> Sleep Apnoea	<input type="checkbox"/> Vitiligo
	<input type="checkbox"/> Sore Throat	<input type="checkbox"/> Warts (benign, non-genital)
	<input type="checkbox"/> Sprains	<input type="checkbox"/> Womb Prolapse (uterus)
	<input type="checkbox"/> Stigmatisms	<input type="checkbox"/> Wry Neck (Torticollis)
	<input type="checkbox"/> Stomach Bug (resolved)	
	<input type="checkbox"/> Strabismus (Squint)	
	<input type="checkbox"/> Stress Incontinence	
	<input type="checkbox"/> Synovitis	
	<input type="checkbox"/> Talipes (Club Foot)	
	<input type="checkbox"/> Tendon Injury	

In addition to any medical condition shown in the 'Waived Conditions' table above, you may be automatically accepted for cover if you have ONLY ONE of the following conditions provided you have NO other pre-existing medical conditions.

Arthritis (Juvenile, Osteoarthritis, Rheumatoid or Psoriatic Arthritis, Reiter's Syndrome, Rheumatism):

- There must have been NO hospital admissions within the last 12 months.
- Must NOT affect the back more than any other area of the body.
- No more than 2 medications.
- No mobility aids (other than walking stick or frame).
- Must NOT be awaiting surgery.
- Must have NO lung problems.

Asthma (Wheezing):

- There must have been NO hospital admissions EVER.
- Must have been diagnosed prior to age 50.
- Must be controlled with no more than 2 medications (NO nebulizer, NO home oxygen).
- Must have been a non-smoker for at least 12 months.
- Must be able to walk 200 yards on the flat without becoming short of breath.

Diabetes Mellitus (Sugar Diabetes):

- Type 2 (Non-Insulin-Dependent Diabetes Mellitus) only.
- Controlled by diet alone or by no more than 1 medication (no Insulin).
- There must have been NO hospital admissions or diabetic complications EVER.
- Must have been a non-smoker for at least 12 months.

Down's Syndrome:

- There must be NO associated conditions or complications (e.g. congenital heart disease, epilepsy, gastrointestinal abnormalities).

Hypercholesterolaemia (High/Raised Cholesterol):

- No more than 1 medication.
- Must NOT be the inherited form.
- Must have been a non-smoker for at least 12 months.

Hypertension (High Blood Pressure, White Coat Syndrome):

- No more than 2 medications.
- There must have been no change in treatment within the last 6 months.
- Must have been a non-smoker for at least 12 months.

Hypotension (Low Blood Pressure):

- Must NOT be associated with any underlying condition.

Osteoporosis (Osteopaenia, Fragile Bones):

- There must have been NO vertebral (backbone) fractures.

If the insured person has any other pre-existing medical condition or if the medical condition does not meet the above criteria, you must contact AllClear on 0845 250 5247 to declare ALL your medical conditions and ensure that the cover will meet your needs.

CANCELLATION, CURTAILMENT OR TRIP INTERRUPTION

This policy will **NOT** cover any claims under Section 5 (Cancellation, Curtailment or Trip Interruption) arising directly or indirectly from any **pre-existing medical condition** known to **you** prior to the commencement of the **period of insurance** affecting any close **relative** or **travelling companion** who is not insured under this **policy**, or person with whom **you** intend to stay whilst on **your trip** if:

- i) a terminal diagnosis had been received prior to the commencement of the **period of insurance**; or
- ii) they were on a waiting-list for, or had knowledge of the need for, surgery, inpatient treatment or investigation at any hospital or clinic at the commencement of the **period of insurance**; or
- iii) during the 90 days immediately prior to the commencement of the **period of insurance** they had:
 - required surgery, inpatient treatment or hospital consultations; or
 - required any form of treatment or prescribed medication.

You should also refer to the General Exclusions.

PREGNANCY

As is consistent with the treatment of all **pre-existing medical conditions** under the **policy**, the **policy** does not intend to cover the normal costs or losses otherwise associated with pregnancy (including multiple pregnancy) or childbirth. This includes, but is not limited to, delivery by caesarean section or any other medically or surgically assisted delivery which does not cause medical complications. The **policy** does, however, cover **you** should complications arise with **your pregnancy** due to **accidental bodily injury** or unexpected **illness** which occurs while on **your trip**.

POLICY CONTRACT PERIOD

Contract Period - Single Trip

A single return **trip**, as defined in the **period of insurance**, beginning and ending in the **United Kingdom**, subject to a maximum limit of 18 months.

Please note that cover for **trips** within **your own country of residence** only applies providing they are pre booked for a period of at least two nights.

Contract Period - One way Trip

A single outward **trip**, as defined in the **period of insurance**, beginning in the **United Kingdom**. The **period of insurance** shall expire normally or in any event no later than 72 hours after the time the **Insured** first leaves the immigration control of their final destination country and subject to a maximum limit of 18 months.

Contract Period - Annual Multi-Trip

Any number of return **trips** beginning and ending in the UK as defined subject to the following:

- a maximum duration on any one **trip** of up to a maximum of 62 days dependent upon **your** age and the cover **you** choose.
- cover for overnight **trips** within **your country of residence** applies when accommodation is pre-paid & booked for a minimum of two consecutive nights and a booking form confirming **your** reservation obtained.

DEFINITIONS

Any word defined below will have the same meaning wherever it is shown in **your policy** in bold print. These definitions have been listed in alphabetical order.

Accident, Accidental

A sudden, unexpected event caused by something external and visible, which results directly and solely in loss, damage or physical **bodily injury**.

Act of Terrorism

An act, including but not limited to the use of force or violence and/ or the threat of any person or group of persons whether acting alone, or on behalf of, or in connection with any organisation, or government, committed for political, religious, ideological or similar purposes including the intention to influence any government and/ or the public, or any section of the public in fear.

Assistance Company

AXA Assistance

Tel: 0845 271 2457

24 hours a day, 365 days a year.

Bodily Injury

Means an identifiable physical injury sustained by **you** caused by sudden, unexpected, external and visible means.

Business Equipment

Means communication devices and other business related equipment that is carried by **you** in the course of **your** business. It incorporates business goods or samples, presentation materials, packaging/cases, technical materials/equipment directly associated with **your** trade or profession. It does not include laptop computers or their accessories.

Business Money

Means **business money** or travellers cheques taken on **your** business **trip**.

Cancellation Costs

Travel, accommodation, car hire and excursions paid or contracted to be paid by **you** in respect of **your trip**.

Cash

Bank currency notes and coins.

Certificate

An insurance validation certificate issued by the seller which describes **you** and the **Insured** person(s) who are covered under this **policy**.

Claims Handler

White Horse Administration Services Ltd,

Tel: 0871 664 7995 quoting reference WHIL/ROCK/03/2010.

Close Business Associate

A person in the same employment as **you** in **your country of residence**, whose absence from work or place of employment for one or more complete days at the same time as **you**, prevents the effective continuation of that business.

Common-Law Partner(s)

Any couple (including same sex) in common law relationship or who have co-habitated in **your country of residence** for at least 6 months prior to the commencement of **your trip**.

Country of Residence

The country of permanent residence in which **you** live within the **United Kingdom**, Channel Islands or Isle of Man, for no less than 6 months of the year.

Curtailment Costs

Travel costs necessary to return **you** home before the booked return date and a pro-rata amount representing the total pre-paid or contracted costs of accommodation, car hire and excursions attributable to each complete day of **your trip**.

The following are not included in the definition:

- all costs attributable to the outward and return travel tickets, whether used or unused.

Excess

The first amount **you** and each person named under the insurance **certificate** have agreed to pay towards a claim under each section of this **policy**, as outlined within the Schedule of Benefits.

Family

Up to two (2) adults and four (4) dependent children under the age of 18.

Fragile Articles

Means any item(s) carried as **your personal possessions** which could be easily damaged or destroyed.

Golf Equipment

Golf Clubs, Golf Bags, Golf Shoes, Golf Trolley owned or hired by **you**.

Home

Your usual place of residence in the **United Kingdom**, Channel Islands or Isle of Man, for no less than 6 months of the year.

Insurer

White Horse Insurance Ireland Limited.

Illness

Any disease, infection or **bodily injury** which is unexpectedly contracted by **you** prior to **your trip** or unexpectedly manifests itself for the first time during **your trip**.

Insurance Premium Tax (IPT)

A Government tax which must be paid by **you** in addition to the insurance premium.

Medical Practitioner

A registered practicing member of the medical profession who is not related to **you** or any person with whom **you** are travelling.

Mugging

A violent attack on **you** that takes place with a view to theft, and is made by person(s) not previously known to **you**.

Pair or Set

Two or more items of **personal possessions**, which are owned by **you** and which are complimentary or used or worn together.

Personal Money

Bank currency notes, coins and travellers cheques.

Personal Possessions

Luggage, clothing, **valuables** and personal items which are owned by **you** and have been either taken or purchased on the **trip**. The following are not included in the definition:

Animal skins, antiques, bicycles, binoculars, bonds, buggies, computer games and computer game consoles, computer or telecommunications equipment of any kind, contact or corneal lenses, coupons, diving equipment, documents of any kind, furs, ipods, marine and craft equipment, mobile phones, **money**, motor vehicles, MP3 players, musical instruments, prams, radios, sailboards or related equipment or fittings of any kind, securities, stamps, surfboards, tape recorders, television sets, travellers cheques, video equipment or DVD equipment of any kind.

Period of Insurance

Single **trip** cover – The **trip** duration as shown in **your certificate**. Cover under the Cancellation section of **your policy** starts from the date the **certificate** is issued and ends:

- a) at the start of **your trip** or
- b) if a claim is made under the Cancellation cover.

The cover under all other sections of **your policy** starts at **your trip** departure and ends:

- a) if a claim is made under the Cancellation cover; or
- b) on **your return home**, place of business, hospital, nursing home in the **United Kingdom**, Channel Islands or Isle of Man; or
- c) the expiry of the **policy**; or
- d) following **your** refusal and/or failure to return **home** following confirmation from the treating doctor that **you** are fit and able to return **home**; or
- e) **your trip** exceeding the maximum **trip** length for single **trips**.

One-way **trip** cover - ends on the expiry of the **policy**, or 72 hours after the time **you** first leave the immigration control of **your** final destination country, whichever is earlier.

Annual Multi **Trip** cover – The period starting and ending on those dates shown on **your certificate**.

Cover under the Cancellation section of **your policy**, starts from the later of either:

- a) the date of inception of **your certificate**; or
 - b) the time at which the **trip** is booked.
- And ends at whichever happens first:
- a) the start of **your trip**; or
 - b) the expiry of the **policy** contract period.

The cover under all other sections of **your policy**, starts at **your trip** departure and ends on either;

- a) **your** return **home**; or
- b) the expiry of this **policy**; or
- c) **your trip** exceeding the maximum **trip** length for any one **trip**; or
- d) following **your** refusal and/or failure to return **home** following confirmation from the treating doctor that **you** are fit to return **home**; whichever happens first.

Cover will automatically be extended day by day up to a maximum of 30 days after the expiry of the **policy** when the return is necessarily delayed as a result of ill-health of **you** or failure of **public transport** provided that the **Assistance Company** has been notified and agreed this.

Policy Age Limits

Single **Trip** - 79 years at time of purchasing **your** insurance

Annual Multi **Trip** - 79 years at time of purchasing **your** insurance

Policy

Your certificate, this **policy** and endorsements.

Pre-existing medical condition

Any past or current medical condition that has given rise to symptoms or for which any form of treatment or prescribed medication, medical consultation, investigation or follow-up/check-up has been required or received during the 12 months prior to the commencement of cover under this **policy** and/or prior to any **trip**; and

Any cardiovascular or circulatory condition (e.g heart condition, hypertension, blood clots, raised cholesterol, stroke, aneurysm) that has occurred at any time prior to the commencement of cover under this **policy** and/or prior to any **trip**.

Public Transport

A train, bus, coach, ferry service or scheduled airline flight operating to a published timetable to join the booked travel itinerary.

Redundancy, Redundant

You becoming unemployed under the Protection of Employment Act. **You** must have been given a Notice of Redundancy and qualify for payment under the current redundancy payments legislation.

The following are not included in the definition:

- Any employment which has not been continuous and with the same employer;
- Any employment which is not on a permanent basis;
- Any employment which is on a short term fixed contract;
- Any instance where **you** had reason to believe that **you** would be made **redundant** at the time of booking **your** trip.

Relative

Brother, step brother, brother-in-law, **common law partner**, daughter, step daughter, adopted daughter, daughter-in-law, fiancé(e), grandchild, grand parents, legal guardian, parent, step parent, parent-in-law, sister, step sister, sister-in-law, son, step son, adopted son, son-in-law, foster child or spouse.

Single Item

Any one article, pair, set or collection owned by **you**.

Single Parent Family

One adult and up to four (4) of his/her dependent children under the age of 18.

Ski Equipment

Skis, ski bindings, ski boots, ski poles, snowboard, snowboard bindings and snowboard boots, owned or hired by **you**.

Special Sports & Activities

Those activities outlined in Section 33 as being covered under the **policy**. Please note that there may be an additional premium to pay and certain terms and conditions may apply.

Sports Equipment

Those items that are usually worn, carried, used or held during the participation in a sporting activity.

Territorial Waters

All waters within the jurisdiction of the country **you** are visiting during **your** trip.

Total Disablement

Means **you** are prevented from engaging in paid employment or paid occupation of any and every kind, except any occupation normally reserved for the disabled.

Travel Documents

Means passport, green cards, travel tickets and accommodation vouchers owned by **you**.

Travelling Companion

Any named person on **your** insurance **certificate** and/or booking invoice.

Trip

Any journey made by **you** within the area shown in the **certificate** which begins and ends in the **United Kingdom**, Channel Islands or Isle of Man during the **period of insurance**. The **policy** will also cover a one way trip commencing in the **United Kingdom**, Channel Islands or Isle of Man but ends 72 hours after the time **you** first leave the immigration control of **your** final destination country.

If annual multi **trip** cover is selected any such **trip** over the maximum **trip** duration that **you** have chosen to purchase is not insured and any **trip** solely within England, Scotland, Wales, Northern Ireland, Isle of Man or the Channel Islands, is only covered where **you** have pre-booked at least two nights accommodation and a booking invoice is obtained.

Single Trip Policies

- If **you** are under 65 years old at the date of purchase of the **policy**, the maximum **trip** duration is 548 days.
- If **you** are between 65 and 79 years old at the date of purchase of the **policy**, the maximum **trip** duration is 93 days.

Annual Multi Trip Policies

- If **you** are under 65 years old at the commencement of the **period of insurance**, the maximum **trip** duration is 31 days or 62 days dependant upon the option that **you** choose.
- If **you** are between 65 and 79 years old at the commencement of the **period of insurance**, the maximum **trip** duration is 31 days.
- If **you** are between 70 and 79 years old at the commencement of the **period of insurance**, the maximum **trip** duration is 31 days for Areas 1,2,3 and 4 and 24 days for Area 5.
- Regardless of the number of **trips** **you** take, the maximum number of days that **you** can spend abroad during any one 12 month **period of insurance** is 183 days.

Winter Sports

- **Winter Sports** cover is available on payment of an additional premium on single **trip** and annual multi **trip** **policies** if **you** are under 65 and have purchased a standard or premier **policy**.

Please note that all **trips** must start and end in **your** country of residence and a return ticket must have been booked prior to departure (unless **you** have purchased one way **trip** cover). Equally, if **you** exceed a maximum **trip** limit on an annual multi **trip** **policy** or travel outside the dates of cover on a single **trip**, as shown on **your** **certificate**, all cover for the whole **trip** duration will be invalidated.

United Kingdom

England, Scotland, Wales and Northern Ireland.

Unattended

Means when **you** are not in full view of and not in a position to prevent unauthorized interference with **your** property or vehicle.

Valuables

Articles made of or containing gold, silver or other precious metals, binoculars, camcorders, cameras, computer equipment, computer games & computer game consoles, compact disc players, furs, jewellery, leather goods, Mini-Disc players, MP3 players & iPods, photographic equipment, precious or semi-precious stones, silks, spectacles, sunglasses, telescopes, watches, owned by **you**.

Winter sports

Guided cross-country skiing (Nordic Skiing), mono skiing, off-piste skiing or snowboarding (in areas designated safe by resort management), recreational racing, skiing, snowboarding and snow sledging.

The following are not included in the definition, but not limited to:

Freestyle skiing, heli-skiing, ice hockey, luge, off-piste skiing or snowboarding in areas designated as unsafe by resort management, off-piste skiing or snowboarding where there is an avalanche warning in place, parapenting, ski acrobatics and stunting, ski bob racing, ski-doing, ski flying, ski jumping, ski racing or training, the use of skeletons or bobsleighs, snow mobiling, tobogganing.

We/Us/Our

White Horse Insurance Ireland Limited.

You/ Yours/ Insured

Any person named on the **certificate**.

BENEFITS AND UPGRADES

Benefits provided under this insurance **policy** are dependent upon the level of cover that **you** purchase and are identified accordingly on the Schedule of Benefits on page 12 of this **policy** document. Where **you** have been able to purchase an upgrade, this will be shown on **your** insurance **certificate**.

- **Excess Waiver**
The **excess** is reduced to nil when **you** have chosen to pay the additional premium for **excess** waiver cover.
- **Optional Business Cover**
Your **policy** can be extended to provide additional benefits for Business cover as identified within Sections 30 to 32 of **your** **policy**.
- **Optional Golf Cover**
Your **policy** can be extended to provide additional benefits for Golf cover as identified within Sections 25 to 27 of **your** **policy**.
- **Optional Special Sports and Activities Cover**
Your **policy** can be extended to provide additional cover for **Special Sports and Activities** as identified within Section 33 of **your** **policy**.
- **Optional Timeshare Cover**
Your **policy** can be extended to provide additional benefits for Timeshare cover as identified within Section 28 of **your** **policy**.
- **Optional Wedding Cover**
Your **policy** can be extended to provide additional benefits for Wedding cover as identified within Section 29 of **your** **policy**.
- **Optional Winter Sports Cover**
Your **policy** can be extended to provide additional benefits for **Winter Sports** cover as identified within Sections 20 to 24 of **your** **policy**.

SECTIONS OF COVER

The **Insurer** hereby agrees to the extent and in the manner hereinafter provided, to indemnify the **Insured** against loss or damage sustained or legal liability for accidents happening during the period stated in the **certificate**. After such loss, damage or liability are proved provided always that the liability of the **Insurer** shall not exceed the limits of liability as expressed in the terms, conditions and Schedule of Benefits or such other limits of liability as may be substituted therefore by memorandum hereon or attached hereto signed on behalf of the **Insurer**.

SECTION 1 – MEDICAL EMERGENCY AND REPATRIATION

SPECIAL CONDITION

In the event of **your** death, incurring medical expenses in excess of £250, or **you** being involved in an **accident**, being admitted to hospital, or curtailing for medical reasons, the **Assistance Company** must be advised as soon as possible and liability shall only attach for expenses agreed by them. Failure to notify the **Assistance Company** could prejudice the **Insurer** and could result in the **Insurer's** non-acceptance of liability of such claims.

NOTE: This section does not apply to trips within your own country of residence.

What You Are Covered For:

The **Insurer** will reimburse **you** up to the amount shown in the Schedule of Benefits in respect of the following expenses necessarily incurred as a result of **you** sustaining **accidental bodily injury**, unexpected **illness** or **your** death:

1 Emergency Medical Expenses

- a) Cost of medical, surgical or hospital treatment. The **Insurer** reserves the right to repatriate when, in the opinion of the doctor in attendance and the **Insurer's** medical advisors, the **Insured** is fit to travel;
- b) Cost of transporting **your** remains back **home** or burial or cremation of a deceased **Insured** abroad up to £2,500.

2 Emergency Repatriation

- a) The cost of return to **your** country of residence of an injured or sick **Insured** by medically appropriate means where, in the opinion of the **Insurer's** medical advisors, such return is medically necessary.

What You Are Not Covered For:

In addition to the General Exclusions of the **policy**, the **Insurer** shall not be responsible for

1. the **excess** (unless **you** use an EHC (European Health Insurance Card) which successfully reduces the amount of the claim) as shown in the Schedule of Benefits, unless **you** have purchased the **excess** waiver;
2. claims arising from a **medical condition** that is required to be advised to **us** via AllClear in accordance with the criteria details in Important Conditions Relating to Health on page 2;
3. claims arising from a **medical condition** which is specifically advised as excluded under Important Conditions Relating to Health on page 2;
4. claims arising for treatment or surgery which, in the opinion of the **Insurer's** medical advisors, is not essential or can reasonably be delayed until **your** return **home**;
5. claims arising from the additional costs of single or private hospital room accommodation;
6. claims arising from medical treatment of any kind received after **you** have returned **home**;
7. claims arising from medical treatment of any kind not authorised at the time by a recognised registered **medical practitioner**;
8. claims arising from medical treatment of any kind occurring after **you** have refused the offer of repatriation when, in the opinion of the doctor in attendance and the **Insurer's** medical advisors, **you** are fit to travel;
9. claims arising in respect of elective medical treatment, physiotherapy treatment and other associated therapies;
10. claims arising out of **your** failure to contact the **Assistance Company**;

SPECIAL CONDITION

Should **you** require medical treatment in Australia, **you** should enrol with MEDICARE. It is not necessary to enrol on arrival. **You** can simply do this at the first occasion on which **you** receive treatment. In-patient and out-patient treatment at a public hospital is then available free of charge. Should **you** be admitted to hospital, immediate contact must be made with the **Assistance Company** and their authority obtained in respect of any treatment NOT available under MEDICARE before such treatment is provided.

SECTION 2 – EMERGENCY DENTAL TREATMENT

NOTE: This section does not apply to trips within your own country of residence.

What You Are Covered For:

The **Insurer** will reimburse **you** up to the amount shown in the Schedule of Benefits for the costs of providing necessary temporary treatment for the immediate relief of pain only and/or emergency repairs to dentures and orthodontic appliances carried out solely to alleviate distress when eating.

What You Are Not Covered For:

In addition to the General Exclusions of the **policy**, the **Insurer** shall not be responsible for:

1. the **excess** (unless you use an EHC (European Health Insurance Card) which successfully reduces the amount of the claim) as shown in the Schedule of Benefits, unless **you** have purchased the **excess** waiver;
2. claims arising for costs for any subsequent permanent or routine treatment;
3. any treatment which is pre-planned or expected;
4. claims arising for treatment which, in the opinion of the **Insurer's** medical advisors, is not essential or can reasonably be delayed until **your return home**;
5. any damage to dentures, other than whilst being worn by **you**;
6. normal wear and tear;
7. any treatment involving the provision of dentures or the use of precious metals.

SECTION 3 - ADDITIONAL ACCOMMODATION AND TRAVELLING COSTS**SPECIAL CONDITION**

In respect of cover under this section, the **Assistance Company** must be contacted and liability shall only attach for expenses agreed by them. Failure to notify the **Assistance Company** could prejudice the **Insurer** and could result in the **Insurer's** non-acceptance of liability of such claims.

NOTE: This section does not apply to trips within your own country of residence.

What You Are Covered For:

The **Insurer** will reimburse **you** up to the amount shown in the Schedule of Benefits for the following necessary additional costs (in the event of a valid claim for repatriation under Section 1 – Medical Emergency and Repatriation):

- a) Additional travel and accommodation costs for each **Insured Person** accompanying **you** on the **trip** to return **home**, if **our** medical advisors confirm that it is medically necessary for **you** to be accompanied on the **trip home**, and the return journey cannot take place on the original pre-booked tickets;
- b) Additional travel and accommodation costs for one person to fly out to **you** and accompany **you home**, if **our** medical advisors confirm that this is necessary;
- c) Travel and accommodation costs for a business colleague, as necessary, to replace **you** in your location outside **your home country** following **your** repatriation or death during a **trip**;
- d) Additional travel costs to return **home** any of **your children** insured under this **policy** if **you** are incapacitated and there is no other responsible adult to supervise them.

What You Are Not Covered For:

In addition to the General Exclusions of the **policy**, the **Insurer** shall not be responsible for:

1. any air travel costs in excess of a return economy/tourist class ticket for each **Insured Person**;
2. accommodation costs other than the cost of the room.

SECTION 4 - HOSPITAL DAILY BENEFIT

NOTE: This section does not apply to trips within your own country of residence.

What You Are Covered For:

The **Insurer** will pay **you** the amount shown in the Schedule of Benefits for each and every completed period of 24 hours for which **you** are an inpatient in a hospital abroad, as a direct result of **you** sustaining **accidental bodily injury** or unexpected **illness** which is covered under Section 1 – Medical Emergency and Repatriation.

What You Are Not Covered For:

In addition to the General Exclusions of the **policy**, the **Insurer** shall not be responsible for:

1. claims where the **Assistance Company** has not been contacted and a recommended hospital has been appointed;
2. any claim if **you** have purchased Economy or Standard cover.

SECTION 5 – CANCELLATION, CURTAILMENT AND TRIP INTERRUPTION**Cancellation and Curtailment****What You Are Covered For:**

The **Insurer** will reimburse **you** up to the amount shown in the Schedule of Benefits if **your trip** is cancelled or curtailed due to any one of the reasons listed below occurring to **you**, or **your travelling companion** during the covered period. The **Insurer** will reimburse **you** up to the amount shown in the Schedule of Benefits:

- **Cancellation** for travel and accommodation expenses (including pre-booked ski pass and ski tuition fees where **you** have paid the appropriate additional premium for **winter sports cover**) paid or contracted to be paid by **you** in respect of **your own trip** (prior to any occurrence giving rise to a claim under this section) which are not recoverable.
- **Curtailment** for travel expenses to **your home** and pro-rata amount of the total pre-paid or contracted cost for each complete day of the **trip** which is foregone and which are not recoverable (excluding pre-paid or contracted costs for transportation to return **home** and used travel ticket costs).

Reasons for Cancellation and Curtailment:

- a) Death, **serious illness** or **serious injury**, occurring during the **period of insurance**, to **you**, **your travelling companion**, a **relative** or **close business associate** of **you** or **your travelling companion**, or the person with whom **you** have arranged to stay whilst on the **trip**;
- b) **You** being called for jury service or witness call;
- c) **Accident** to **your** vehicle within 7 days prior to intended date of departure (applicable to self-drive holidays only);
- d) **You** posting overseas or emergency and unavoidable requirements of duty in the Armed Forces, Police, Fire, Nursing or Ambulance Services;
- e) **Your Redundancy** notified during the **period of insurance** which qualifies for payment under the Redundancy Payments Act;
- f) Fire, flood or burglary at **your home** or place of business occurring or becoming apparent within 5 days prior to the commencement of the journey or holiday;
- g) **You** presence being required by the police following burglary at **home** or **your** place of business;
- h) Cancellation or curtailment of any one component part or series of parts of the booked **trip** travel arrangements arising solely from the error, insolvency, omission, default, or otherwise of each provider on which the performance of any other component part or series of parts of the itinerary depends.

Trip Interruption**What You Are Covered For:**

The **Insurer** will reimburse **you** up to the amount shown in the Schedule of Benefits for additional travel expenses incurred in returning **you home** in the event that **you** have a valid curtailment claim. If the situation permits, and the period of **your** original booked **trip** has not expired, **we** will also pay necessary additional travel costs in transporting **you** back to the location abroad. Travel by air will be limited to one economy/tourist class ticket for each **Insured person**.

Reasons for Trip Interruption:

- a) Death, serious illness or serious injury, occurring during the **period of insurance**, of a **close relative**;

- b) Fire, flood or burglary at **your home** or place of business occurring during **your trip** where **your** presence is required by the police in connection with such events.

What You Are Not Covered For:

In addition to the General Exclusions of the **policy**, the **Insurer** shall not be responsible for:

1. the **excess** as shown in the Schedule of Benefits, unless **you** have purchased the **excess** waiver;
2. disinclination to travel or continue travelling;
3. claims arising from a **medical condition** that is required to be advised to **us** via AllClear in accordance with the criteria details in Important Conditions Relating to Health on page 2;
4. claims arising from a **medical condition** which is specifically advised as excluded under Important Conditions Relating to Health on page 2;
5. normal pregnancy, without any accompanying **bodily injury**, illness, disease or complication;
6. claims arising which are not supported by written medical confirmation and clinical reports from medical service providers, as well as all other proof of the happening of an event causing Cancellation, Curtailment or Trip Interruption;
7. claims for any costs associated with unused timeshare property;
8. claims arising where **you** have not been able to receive the necessary inoculations or vaccinations or obtain necessary visas;
9. claims arising from **your** financial circumstances other than due to **redundancy** where **you** qualify for **redundancy** payment under current EU legislation;
10. claims arising from a change in work commitments or holiday entitlement;
11. claims arising from any loss resulting from the cancellation or delay of a flight, subsequent to **your** initial international departure or return from or to **your country of residence**;
12. claims arising for the direct losses incurred as a result of scheduled airline failure.

SPECIAL NOTE:

It is a condition of this section that any claim for Cancellation be advised verbally to the claims administrators as soon as possible and then confirmed in writing to them as soon as possible thereafter. Curtailment/Trip Interruption must be authorised by the Assistance company following confirmation from the treating doctor that IT IS MEDICALLY NECESSARY THAT THE INSURED CURTAILS THEIR TRIP, where the curtailment is due to an illness/injury.

If you curtail your trip due to an illness/death of a third party, family member or relative then you must also ring the Assistance company, otherwise your claim may be declined. You must always take action to mitigate your costs.

SECTION 6 – TRAVEL DELAY

NOTE: This section does not apply to trips within your own country of residence.

What You Are Covered For:

If departure of the **public transport** on which **you** are booked to travel is delayed at the final departure point from or to the **United Kingdom**, Channel Islands or Isle of Man for at least 12 hours from the scheduled time of departure as a result of strike or industrial action, adverse weather conditions or mechanical breakdown, the **Insurer** will compensate **you** as follows:

- **Travel Delay** The amount shown in the Schedule of Benefits for the first full 12 hour period of delay, up to the maximum amount shown in the Schedule of Benefits, provided always that **you** obtain in writing from the carrier a statement confirming the length and exact nature of the delay.
- **Abandonment** If **you** choose to cancel **your trip** following a delay of not less than 12 hours beyond the scheduled departure time (and written confirmation obtained from the carrier), the **Insurer** will indemnify **you** up to the amount shown in the Schedule of Benefits for travel, accommodation, car hire & excursions paid or contracted to be paid by **you** in respect of **your own trip** (prior to any occurrence giving rise to a claim under this section) and which are not recoverable elsewhere.
- **Transport Cancellation** Up to the amount shown in the Schedule of Benefits for the cost of a replacement ticket for each **insured person** in the event that the **public transport** on which **you** are booked to travel is cancelled at the final departure point from or to the **United Kingdom**, Channel Islands or Isle of Man and no alternative can be provided within 12 hours of the intended departure time.

What You Are Not Covered For:

In addition to the General Exclusions of the **policy**, the **Insurer** shall not be responsible for:

1. the **excess** as shown in the Schedule of Benefits, unless **you** have purchased the **excess** waiver;
2. claims arising from strike or industrial action, if the strike or industrial action was notified at the time the insurance was purchased or the **trip** was booked (whichever is later);
3. **your** failure to check in as per **your** original itinerary;
4. claims where **you** have not obtained written confirmation from the carrier stating the period and reason for the delay;
5. withdrawal from service of the **public transport** on which **you** are booked to travel, by order or recommendation of the regulatory authority in any country. **You** should direct any claim to the transport operator involved.
6. any claim payable that can be paid under Section 7 - Missed Departure on the Outward Journey;
7. any claim if **you** have purchased Economy cover.

SECTION 7 – MISSED DEPARTURE ON THE OUTWARD JOURNEY

NOTE: This section does not apply to trips within your own country of residence.

What You Are Covered For:

The **Insurer** will reimburse **you** up to the amount shown in the Schedule of Benefits, in respect of reasonable additional costs of travel and accommodation necessarily incurred if **you** are unable to reach the international point of departure of the booked travel itinerary on the initial outward journey from **your home** country only, as a consequence of the failure of **public transport** services or the accident/breakdown of a motor vehicle in which **you** are travelling.

What You Are Not Covered For:

In addition to the General Exclusions of the **policy**, the **Insurer** shall not be responsible for:

1. claims arising as a result of **you** not having taken reasonable steps to complete the journey to the departure point on time;
2. claims arising from the failure of **public transport** services caused by strike, riot or civil commotion for which warning has been given prior to the commencement of departure to the departure point;
3. claims arising from the vehicle not having been properly serviced and maintained, in the event of vehicle breakdown;
4. claims arising from an accident/ breakdown of a motor vehicle, where no written evidence of such accident/ breakdown has been supplied.
5. claims arising from delay/cancellation of **public transport**, where no written evidence of such delay/cancellation has been supplied.
6. claims arising where missed departure is caused as a result of a delay in a prior connecting flight;
7. any claim if **you** have purchased Economy cover.

SECTION 8 - PERSONAL POSSESSIONS

What You Are Covered For:

Lost, Stolen or Damaged

The **Insurer** will reimburse **you** up to the amount as shown in the Schedule of Benefits, for the value of **personal possessions** taken or purchased on the **trip** by **you** which are accidentally lost, stolen or damaged. The maximum payment for any **single item** is shown as a sub-limit in the Schedule of Benefits. The maximum payment for **valuables** is shown as sub-limit in the Schedule of Benefits. The maximum payment for any **single item** for which an original receipt, proof of purchase or insurance valuation (obtained prior to the loss) is not supplied is £60 subject to a maximum of £300 for all such items.

- **Travel Documents** The **Insurer** will reimburse you up to the maximum as shown in the Schedule of Benefits for the value of **travel documents** held by **you** which are lost or stolen (and reasonable expenses directly consequential upon any such loss whilst abroad).
- **Baggage Delay** The **Insurer** will reimburse **you** for the cost of emergency purchases, up to the maximum as shown in the Schedule of Benefits should **personal possessions** be delayed or lost in transit on the outward journey for more than 24 hours. Payment made under this heading will be set against the amount of any claim arising if the **personal possessions** are permanently lost. **You** must supply receipts for the items purchased and confirmation from the carrier of the length of delay.

What You Are Not Covered For:

In addition to the General Exclusions of the **policy**, the **Insurer** shall not be responsible for:

1. the **excess** as shown in the Schedule of Benefits, unless **you** have purchased the **excess** waiver;
2. claims arising from breakage of **fragile articles** unless caused by fire or **accident** to a vehicle;
3. claims arising from damage caused by leakage of powder or liquid carried within **personal possessions**;
4. claims arising for theft which are not reported to any appropriate police authority within 24 hours of discovery and an official written report obtained;
5. claims arising for loss or damage which are not reported to any appropriate authority within 24 hours of discovery and an official written report obtained (and specifically for claims arising against or in connection with carriers and hotels, any claim not reported in writing to such carrier or hotel within 24 hours of discovery, and an official written report obtained). In the case of an airline, a Property Irregularity Report will be required;
6. claims arising for breakage of **sports equipment** (unless **ski equipment** or **golf equipment** and appropriate **wintersports** or golf cover has been effected) whilst in use;
7. claims arising from delay, detention, seizure or confiscation by customs or other officials;
8. claims arising for loss, theft or damage to household goods or anything shipped as freight or under a Bill of Lading;
9. claims arising for loss of or damage to dentures or bridgework;
10. claims arising for **personal possessions** left **unattended** in a place to which the general public has access or left in the custody of a person who does not have an official responsibility for the safekeeping of the property. Including, theft or damage occurring on a beach or in or around a swimming pool;
11. claims arising for loss, theft or damage of items from an **unattended** motor vehicle, unless taken from a locked boot, glove box or locked & secured roof box between 8am and 8pm local time and there is evidence of forced entry which is confirmed by a written police report;
12. claims arising for loss or damage to items carried on a vehicle roof rack;
13. claims arising for loss, theft or damage to **valuables** which at the time of such loss, theft or damage were located in checked-in luggage or a motor vehicle.

SPECIAL NOTE:

The **Insurer's** liability for articles owned by the **Insured** shall be further limited to take into account wear and tear, as follows:

Up to 1 year old	- 90% of purchase price
Up to 2 years old	- 70% of purchase price
Up to 3 years old	- 50% of purchase price
Up to 4 years old	- 30% of purchase price
Up to 5 years old	- 20% of purchase price
Over 5 years old	- Nil

SECTION 9 - PERSONAL MONEY

What You Are Covered For:

The **Insurer** will reimburse **you** up to the amount as shown in the Schedule of Benefits in respect of loss of **cash** which is the property of **you** and carried on **your** person or placed in a safety deposit box or similar locked, fixed receptacle. Cover for **personal money** is limited to the **personal money** limit as shown in the Schedule of Benefits.

What You Are Not Covered For:

In addition to the General Exclusions of the **policy**, the **Insurer** shall not be responsible for:

1. the **excess** as shown in the Schedule of Benefits, unless **you** have purchased the **excess** waiver;
2. claims arising for theft which have not been reported to any appropriate police authority within 24 hours of discovery and an official written report obtained;
3. claims for loss which have not been reported to any appropriate authority within 24 hours of discovery and an official written report obtained (and specifically for claims arising against or in connection with carriers and hotels, any claim not reported in writing to such carrier or hotel within 24 hours of discovery, and an official written report obtained);
4. claims arising from delay, detention, seizure or confiscation by Customs or other officials;
5. claims arising from shortages due to error, omission or depreciation in value;
6. claims arising for loss or theft of **personal money** which at the time of such loss or theft was located in checked-in luggage or an **unattended** motor vehicle at any time;
7. claims arising for **personal money** left **unattended** in a place to which the general public has access or left in the custody of a person who does not have an official responsibility for the safekeeping of the property including loss or theft occurring on a beach or in or around a swimming pool.

SECTION 10 - PERSONAL LIABILITY

What You Are Covered For:

The **Insurer** will pay **you** up to the amount as shown in the Schedule of Benefits for the legal liability of the **Insured** for **accidental injury/death** to third parties and/or **accidental** damage to their property within the geographical limits of their policy. This cover is applicable only in respect of liability under the law of the country in which the event giving rise to the claim occurred, or under the laws of England and Wales (whichever is applicable to the case in point).

What You Are Not Covered For:

In addition to the General Exclusions of the **policy**, the **Insurer** shall not be responsible for:

1. the **excess** as shown in the Schedule of Benefits, unless **you** have purchased the **excess** waiver;
2. claims arising directly or indirectly from, happening through or in consequence of:
 - (i) employer's liability, contractual liability, or liability to a member of **your** family or **your travelling companion**;

- (ii) animals belonging to, or in the care, custody or control of the **Insured**;
 - (iii) wilful, malicious or unlawful acts or the use of firearms;
 - (iv) the pursuit of trade, business or profession;
 - (v) ownership or occupation of land or buildings (other than **your** temporary **trip** accommodation); or
 - (vi) **you** being under the influence of intoxicating liquor or drugs;
3. claims arising directly or indirectly from, happening through or in consequence of ownership, possession or use of any vehicle, automobile, aircraft, watercraft, or any mechanically propelled conveyance;
 4. claims for legal fees and costs resulting from any criminal proceedings;
 5. any claim where **you** have cover under another insurance **policy**.

SPECIAL CONDITION

No liability shall be admitted and no admission, arrangement, offer, promise or payment shall be made by the **Insured** without the written consent of the **Insurer**, who shall be entitled, if they so desire, to take over and conduct, in the name of the **Insured**, their defence of any claim or to prosecute for their own benefit any claims for indemnity, damages or otherwise against any third party. The **Insurer** shall have full discretion in the conduct of any negotiations, proceedings, or the settlement of any claims and the **Insured** shall, wherever possible, give all such information and assistance as the **Insurer** may require.

SECTION 11 - PERSONAL ACCIDENT

What You Are Covered For:

The **Insurer** will pay **you** or **your** estate the sum insured as shown in the Schedule of Benefits for losses resulting from an external **accident** resulting in **your** death, loss of limb(s), loss of sight or permanent **total disablement**. Loss must occur within 180 days of the date of **accident**. No benefits shall be paid for more than one loss suffered.

What You Are Not Covered For:

In addition to the General Exclusions of the **policy**, the **Insurer** shall not be responsible for:

1. any benefit where **your** death, injury or loss does not occur within 180 days of the **accident**;
2. any benefit as a result of participating in **special sports or activities**, not detailed as covered in this **policy** document, unless **you** have paid the additional premium prior to travel, for those specific **special sports or activities** and cover is confirmed on **your certificate**;
3. any benefit if **you** cannot prove to the **Insurer** that the permanent **total disablement** has continued for 12 months from the date of the injury and in all probability will continue for the remainder of **your** life.
4. more than one lump sum under this section.

SECTION 12 - LEGAL EXPENSES

What You Are Covered For:

The **Insurer** will reimburse **you** up to the amount as shown in the Schedule of Benefits, for legal costs incurred by **you** in pursuit of legal proceedings against third parties (excluding any member of **your** or **your travelling companion's** family, **your travelling companion**, **close business associate** or employer) for any compensation owed to **you** arising directly from physical **bodily injury** or **your** death during the **period of insurance**.

What You Are Not Covered For:

In addition to the General Exclusions of the **policy**, the **Insurer** shall not be responsible for:

1. the **excess** as shown in the Schedule of Benefits, unless **you** have purchased the **excess** waiver;
2. claims arising for any legal expenses incurred without prior written authorisation by the **Insurer**;
3. claims arising where the **Insurer** considers **your** prospects of success in achieving a reasonable benefit to be insufficient;
4. claims arising pursuant to a contingent fee agreement between **you** and **your** counsel/lawyer;
5. claims arising for any additional travel and accommodation expenses incurred over the amount shown in the Schedule of Benefits, whilst in pursuit of legal proceedings;
6. claims arising from **you** pursuing legal proceedings as part of and/or on behalf of a group or organisation;
7. claims incurred for any legal costs in pursuing legal proceedings against a Travel Agent, Tour Operator, Carrier, Broker, the **Insurer**, the **Claims Handler**, the **Assistance Company**;
8. claims occurring under criminal law;
9. claims occurring or where the case is brought to court in more than one country.

SPECIAL CONDITIONS

The **Insured** must comply with the following procedures:

- a) the **Insured** shall apply to the **Insurer** for a written acknowledgement by the **Insurer** of the existence of a potentially viable claim;
- b) if an acknowledgement in a) is granted, the **Insurer** shall initially pay up to 5% of the amount shown in the Schedule of Benefits for legal costs incurred by the **Insured** to determine the probability of success in achieving a reasonable benefit. This shall include an assessment of the legal liability of the potential defendant and the ability to collect damages from the potential defendant;
- c) the **Insurer** shall not be responsible for any legal expenses incurred prior to its issuing the **Insured** with a written acknowledgement of the existence of a potentially viable claim;
- d) in the event that the **Insured** is awarded compensation (by judgement or settlement), the **Insurer** shall be entitled to recover from the **Insured** or on behalf of the **Insured** any sum paid under any section of this policy on account of the same incident for which compensation is received.

SECTION 13 - MUGGING

What You Are Covered For:

The **Insurer** will pay **you** up to the amount as shown in the Schedule of Benefits for each and every completed period of 24 hours for which **you** are an inpatient in a hospital abroad, as a direct result of injury following a mugging attack.

What You Are Not Covered For:

In addition to the General Exclusions of the **policy**, the **Insurer** shall not be responsible for:

1. claims where the **Assistance Company** has not been contacted and a recommended hospital has been appointed;
2. claims arising where a police report has not been obtained confirming the incident;
3. claims arising when **you** are under the influence of intoxicating liquor, drugs or substance or solvent abuse;
4. **your** intentional self injury or **your** wilful exposure to danger or **your** deliberate acts;
5. any claim if **you** have purchased Economy cover.

SECTION 14 - HIJACK

What You Are Covered For:

The **Insurer** will pay **you** up to the amount as shown in the Schedule of Benefits for each and every completed 24 hour period if the aircraft or sea vessel in which **you** are travelling is hijacked on the original pre-booked outward or return journey for more than 24 hours.

What You Are Not Covered For:

In addition to the General Exclusions of the **policy**, the **Insurer** shall not be responsible for:

1. any claim resulting from **you** acting in a way which could cause a claim under this section;
2. any claim where **you** are unable to provide a written statement from an appropriate authority confirming the hijack and how long it lasted;
3. any claim if **you** have purchased Economy cover.

SECTION 15 - DISASTER

What You Are Covered For:

The **Insurer** will reimburse **you** up to the amount as shown in the Schedule of Benefits in the event that the tour operator is unable to assist and **you** are forced to move from the prebooked accommodation as a result of fire, lightning, explosion, earthquake, storm, tempest, hurricane, flood, tsunami, which is confirmed in writing by local or national authority for irrecoverable travel or accommodation costs necessarily incurred to continue with the **trip** or, if the **trip** cannot be continued, for return **home**.

What You Are Not Covered For:

- In addition to the General Exclusions of the **policy**, the **Insurer** shall not be responsible for:
1. the **excess** as shown in the Schedule of Benefits, unless **you** have purchased the **excess** waiver;
 2. claims where a report from a local or national authority is not obtained stating that it was not acceptable for **you** to remain in **your** booked accommodation;
 3. claims where the tour operator is responsible;
 4. any expenses that **you** can get back from any tour operator, airline, hotel or other service provider;
 5. any expenses that **you** would normally have to pay during the period of **your** journey/holiday;
 6. claims arising for additional costs where receipts are not supplied;
 7. any claim if **you** have purchased Economy cover.

SECTION 16 - WITHDRAWAL OF SERVICES

What You Are Covered For:

The **Insurer** will reimburse **you** up to the amount as shown in the Schedule of Benefits if **you** suffer withdrawal of water or electricity supplies continuously for at least a 60 hour period during **your** trip.

What You Are Not Covered For:

- In addition to the General Exclusions of the **policy**, the **Insurer** shall not be responsible for:
1. any claim arising from strike or industrial action existing at the time this insurance was issued;
 2. claims that are not supported by written confirmation from the tour operator or hotel of the length of withdrawal of service;
 3. any claim if **you** have purchased Economy cover.

SECTION 17 - DOMESTIC PETS

What You Are Covered For:

In the event of a delay of more than 24 hours to **your** final planned inbound flight, rail or sea **trip** to the UK, Channel Islands or Isle of Man, the **Insurer** will reimburse **you** up to the amount as shown in the Schedule of Benefits in respect of additional kennel and/or cattery fees necessarily incurred as a result of the delay. The delay must directly result from strike, industrial action, adverse weather conditions, failure of air traffic control systems or mechanical breakdown of an aircraft, sea vessel, coach or train.

What You Are Not Covered For:

- In addition to the General Exclusions of the **policy**, the **Insurer** shall not be responsible for:
1. claims not substantiated by a written report from the carrier stating the length and exact nature of the delay;
 2. claims arising from delay caused by strike or industrial action if already notified at the time the insurance was purchased;
 3. claims not substantiated by written confirmation from the kennel/cattery confirming the extra charges;
 4. any costs relating to pets other than cats and dogs that **you** own;
 5. any claim if **you** have purchased Economy cover.

SECTION 18 - HOME COUNTRY MEDICAL TRANSFER

What You Are Covered For:

The **Insurer** will reimburse **you** up to the amount as shown in the Schedule of Benefits for transfer costs to move **you** to a suitable hospital near **your** home when it becomes medically feasible, following **your** initial hospitalisation more than 50 miles away from **your** home due to sudden illness or **accident**. As necessary, **we** will also arrange and pay for a medical escort to accompany **you**.

What You Are Not Covered For:

- In addition to the General Exclusions of the **policy**, the **Insurer** shall not be responsible for:
1. claims where **you** have not contacted the **Assistance Company** provider when **you** are first hospitalised and where **we** have not given **our** prior authorisation that **we** will pay the costs;
 2. claims where **your** initial hospitalisation is less than 50 miles from **your** home;
 3. claims arising from a **medical condition** that is required to be advised to **us** via AllClear in accordance with the criteria details in Important Conditions Relating to Health on page 2;
 4. claims arising from a **medical condition** which is specifically advised as excluded under Important Conditions Relating to Health on page 2;
 5. normal pregnancy, without any accompanying **bodily injury**, illness, disease or complication;
 6. any claim if **you** have purchased Economy cover.

SECTION 19 - HOME COUNTRY ADDITIONAL ACCOMMODATION COSTS

What You Are Covered For:

In the event of a valid claim under Section 18 -Home Country Medical Transfer, the **Insurer** will reimburse **you** up to the amount as shown in the Schedule of Benefits for necessary additional accommodation costs as described in Section 3 - Additional Accommodation and Travelling Costs.

What You Are Not Covered For:

- In addition to the General Exclusions of the **policy**, the **Insurer** shall not be responsible for:
1. any air travel costs in excess of a return economy/tourist class ticket;
 2. any accommodation costs in excess of the actual room cost;
 3. any claim if **you** have purchased Economy cover.

OPTIONAL WINTER SPORTS COVER

Provided only if **you** are under 65 and the appropriate additional premium has been paid and cover is detailed on **your** certificate. If **you** have purchased an annual multi **trip** policy, standard **winter sports** cover is provided up to a maximum of 17 days on payment of the additional premium. This can be further extended up to 24 or 31 days.

Guided cross country skiing (nordic skiing)	Skiing
Mono skiing	Snow-boarding
Off piste skiing or snow-boarding (in areas designated safe by resort management)	Snow sledging
Recreational racing	

You will not be covered for any claims arising directly or indirectly when engaging in or practising for the following sports and activities:

Freestyle skiing	Ski bob racing
Heli-skiing	Ski-doing
Ice hockey	Ski flying
Luging	Ski jumping
Off-piste skiing or snowboarding (in areas designated as unsafe by resort management)	Ski racing or training
Off-piste skiing or snowboarding (where there is an avalanche warning in place)	Skeletons/bobsleigh
Parapenting	Snow mobiling
Ski acrobatics and stunting	Tobogganing

You will not be covered when engaging in organised competitions or when skiing against local authoritative warning or advice.

If **you** are undertaking a pursuit or activity which is not listed in this policy or are in any doubt as to whether cover will apply, please call Our Travel Helpline on 00 44 (0) 844 482 0660.

SECTION 20 - SKI EQUIPMENT

What You Are Covered For:

The **Insurer** will reimburse **you** in respect of loss or breakage of **ski equipment** up to the amount as shown in the Schedule of Benefits for owned or hired **ski equipment**.

What You Are Not Covered For:

- In addition to the General Exclusions of the **policy**, the **Insurer** shall not be responsible for:
1. the **excess** as shown in the Schedule of Benefits, unless **you** have purchased the **excess** waiver;
 2. claims arising for theft which are not reported to any appropriate police authority within 24 hours of discovery and an official written report obtained;
 3. claims arising for loss or damage which are not reported to any appropriate authority within 24 hours of discovery and an official written report obtained. For claims arising against or in connection with common carriers and hotels, any claim not reported in writing to such carrier or hotel within 24 hours of discovery and an official written report obtained, will not be covered. In the case of an airline, a Property Irregularity Report will be required;
 4. claims arising from delay, detention, seizure or confiscation by Customs or other officials;
 5. claims arising for loss, theft or damage to anything shipped as freight or under a Bill of Lading;
 6. claims arising for **ski equipment** left **unattended** in a place to which the general public has access or left in the custody of a person who does not have an official responsibility for the safekeeping of property;
 7. claims arising for loss, theft or damage of items from an **unattended** motor vehicle, unless taken from a locked boot or lockable roof rack between 8am to 8pm local time and there is evidence of damage or forced entry which is confirmed by a written police report;
 8. breakage, loss or theft of **ski equipment** over 5 years old;
 9. any claim if **you** have purchased Economy cover.

SPECIAL NOTE:

The **Insurer's** liability for **ski equipment** owned by the **Insured** shall be further limited to take into account wear and tear, as follows :

Up to 1 year old	- 90% of purchase price
Up to 2 years old	- 70% of purchase price
Up to 3 years old	- 50% of purchase price
Up to 4 years old	- 30% of purchase price
Up to 5 years old	- 20% of purchase price
Over 5 years old	- No cover provided

SECTION 21 - SKI HIRE

What You Are Covered For:

The **Insurer** will reimburse **you** up to the amount as shown in the Schedule of Benefits for the cost of necessary hire of **ski equipment** following:

- a) loss, theft or breakage of **your** **ski equipment**; or
- b) the misdirection or delay in transit of **your** **ski equipment**.

What You Are Not Covered For:

- In addition to the General Exclusions of the **policy**, the **Insurer** shall not be responsible for:
1. claims arising for theft which are not reported to the appropriate police authority within 24 hours of discovery and an official written report obtained;
 2. claims arising for loss or damage which are not reported to any appropriate authority within 24 hours of discovery and an official written report obtained. For claims arising against or in connection with common carriers and hotels, any claim not reported in writing to such carrier or hotel within 24 hours of discovery and an official written report obtained, will not be covered. In the case of an airline, a Property Irregularity Report will be required;
 3. claims arising for loss, theft or damage to anything shipped as freight or under a Bill of Lading;
 4. claims arising for **ski equipment** left **unattended** in a place to which the general public has access or left in the custody of a person who does not have an official responsibility for the safekeeping of the property;
 5. claims arising for loss, theft or damage of **ski equipment** from an **unattended** motor vehicle, unless taken from a locked boot or lockable roof rack between 8am and 8pm local time and there is evidence of forced entry which is confirmed by a written police report;
 6. claims arising from delay, detention, seizure or confiscation by Customs or other officials;
 7. any claim if **you** have purchased Economy cover.

SECTION 22 - SKI PACK

What You Are Covered For:

The **Insurer** will indemnify **you** up to the amount as shown in the Schedule of Benefits, for the proportionate value of any ski pass, ski hire or tuition fee unused due to the following:

- a) **you** being involved in an **accident** or due to **your** **illness**.
- b) loss or theft of ski pass.

What You Are Not Covered For:

- In addition to the General Exclusions of the **policy**, the **Insurer** shall not be responsible for:
1. claims arising from a medical condition which are not substantiated by a written report from the treating doctor confirming your inability to ski;
 2. claims arising from a **medical condition** that is required to be advised to **us** via AllClear in accordance with the criteria details in Important Conditions Relating to Health on page 2;
 3. claims arising from a **medical condition** which is specifically advised as excluded under Important Conditions Relating to Health on page 2;
 4. claims arising for theft which are not reported to any appropriate police authority within 24 hours of discovery and an official written report obtained;

- claims arising for loss or damage which are not reported to any appropriate authority within 24 hours of discovery and an official written report obtained. For claims arising against or in connection with common carriers and hotels, any claim not reported in writing to such carrier or hotel within 24 hours of discovery and an official written report obtained, will not be covered. In the case of an airline, a Property Irregularity Report will be required;
- claims arising for ski passes left **unattended** in a place to which the general public has access or left in the custody of a person who does not have an official responsibility for the safekeeping of the property;
- claims arising for loss or theft of ski passes from an **unattended** motor vehicle, unless taken from a locked boot or lockable roof rack between 8am and 8pm and there is evidence of forced entry which is confirmed by a written police report;
- any claim if **you** have purchased Economy cover.

SECTION 23 - PISTE CLOSURE

What You Are Covered For:

The **Insurer** will indemnify **you** up to the amount shown in the Schedule of Benefits in the event that, due to lack of snowfall or adverse weather in the pre-booked **winter sports** resort between the months of December to March in the northern hemisphere and May to September in the southern hemisphere and no alternative being available, **you** are unable to ski for a period in excess of 24 hours.

What You Are Not Covered For:

In addition to the General Exclusions of the **policy**, the **Insurer** shall not be responsible for:

- claims arising which are not substantiated by a written report from the resort management;
- claims arising due to lack of snow fall in a **winter sports** resort which does not possess skiing facilities above 1,000 metres
- any claim if **you** have purchased Economy cover.

SECTION 24 - AVALANCHE OR LANDSLIDE

What You Are Covered For:

The **Insurer** will pay **you** up to the amount shown in the Schedule of Benefits for additional travel and accommodation expenses in the event that **your** outward or return journey is delayed for at least 12 hours beyond the scheduled departure time as a direct result of avalanche or landslide.

What You Are Not Covered For:

In addition to the General Exclusions of the **policy**, the **Insurer** shall not be responsible for:

- claims arising which are not substantiated by a written report from the resort management;
- any claim if **you** have purchased Economy cover.

OPTIONAL GOLF COVER

Provided only when the appropriate additional premium has been paid and cover is detailed on **your certificate**. Cover is available for up to a maximum of 31 days in any one **period of insurance**.

SECTION 25 - GOLF EQUIPMENT

What You Are Covered For:

The **Insurer** will pay **you** up to the amount shown in the Schedule of Benefits for loss, theft or breakage of **golf equipment** that **you** own.

What You Are Not Covered For:

In addition to the General Exclusions of the **policy**, the **Insurer** shall not be responsible for:

- the **excess** as shown in the Schedule of Benefits, unless **you** have purchased the **excess** waiver;
- claims arising for theft which is not reported to any appropriate police authority within 24 hours of discovery and an official written report obtained;
- claims arising for loss or damage which is not reported to any appropriate authority within 24 hours of discovery and an official written report obtained (and specifically for claims arising against common carriers and hotels, any claim not reported in writing to such carrier or hotel within 24 hours of discovery, and an official written report obtained). In the case of an airline, a Property Irregularity Report (PIR) will be required;
- claims arising from delay, detention, seizure or confiscation by Customs or other officials.
- claims arising for loss, theft or damage to **golf equipment** shipped as freight or under a Bill of Lading;
- claims arising for **golf equipment** left **unattended** in a place to which the general public has access or left in the custody of a person who does not have an official responsibility for the safekeeping of the property;
- claims arising for loss, theft or damage of **golf equipment** from an **unattended** motor vehicle, unless taken from a locked boot or lockable roof rack between 8am and 8pm and there is evidence of forced entry which is confirmed by a written police report;
- breakage of **golf equipment** over 5 years old;
- any claim if **you** have purchased Economy cover.

SPECIAL NOTE:

The **Insurer's** liability for **golf equipment** owned by the **Insured** shall be further limited to take into account wear and tear, as follows:

Up to 1 year old	- 90% of purchase price
Up to 2 years old	- 70% of purchase price
Up to 3 years old	- 50% of purchase price
Up to 4 years old	- 30% of purchase price
Up to 5 years old	- 20% of purchase price
Over 5 years old	- No cover provided

SECTION 26 - GOLF EQUIPMENT HIRE

What You Are Covered For:

The **Insurer** will pay **you** up to the amount shown in the Schedule of Benefits for each 24 hour period, for the cost of necessary hire of **golf equipment** following:

- Loss or breakage of an **Insured's** **golf equipment** or;
- The misdirection or delay in transit for at least 12 hours of an **Insured's** **golf equipment**.

What You Are Not Covered For:

In addition to the General Exclusions of the **policy**, the **Insurer** shall not be responsible for:

- claims arising for theft which is not reported to any appropriate police authority within 24 hours of discovery and an official written report obtained;
- claims arising for loss or damage which is not reported to any appropriate authority within 24 hours of discovery and an official written report obtained (and specifically for claims arising against common carriers and hotels, any claim not reported in writing to such carrier or hotel within 24 hours of discovery, and an official written report obtained). In the case of an airline, a Property Irregularity Report (PIR) will be required;
- claims arising from delay, detention, seizure or confiscation by Customs or other officials.

- claims arising for loss, theft or damage to **golf equipment** shipped as freight or under a Bill of Lading;
- claims arising for **golf equipment** left **unattended** in a place to which the general public has access or left in the custody of a person who does not have an official responsibility for the safekeeping of the property;
- claims arising for loss, theft or damage of **golf equipment** from an **unattended** motor vehicle, unless taken from a locked boot or lockable roof rack between 8am and 8pm and there is evidence of forced entry which is confirmed by a written police report;
- any claim if **you** have purchased Economy cover.

SECTION 27 - NON REFUNDABLE GOLFING FEES

What You Are Covered For:

The **Insurer** will pay **you** up to the amount shown in the Schedule of Benefits for the proportionate value of any non-refundable, pre-paid green fees, **golf equipment** hire or tuition fees necessarily unused due to the following:

- Accident** or sickness of an **Insured**; or
- Loss or theft of documentation which prevents the participation in the pre-paid golfing activity.

What You Are Not Covered For:

In addition to the General Exclusions of the **policy**, the **Insurer** shall not be responsible for:

- claims arising for theft which is not reported to any appropriate police authority within 24 hours of discovery and an official written report obtained;
- claims arising for loss or damage which is not reported to any appropriate authority within 24 hours of discovery and an official written report obtained (and specifically for claims arising against common carriers and hotels, any claim not reported in writing to such carrier or hotel within 24 hours of discovery, and an official written report obtained). In the case of an airline, a Property Irregularity Report (PIR) will be required;
- claims arising from delay, detention, seizure or confiscation by Customs or other officials;
- claims arising for loss, theft or damage to documentation shipped as freight or under a Bill of Lading;
- claims arising for documentation left **unattended** in a place to which the general public has access or left in the custody of a person who does not have an official responsibility for the safekeeping of the documentation;
- claims arising for loss, theft or damage of documentation from an **unattended** motor vehicle, unless taken from a locked boot or lockable roof rack between 8am and 8pm and there is evidence of forced entry which is confirmed by a written police report;
- claims arising from a **medical condition** that is required to be advised to **us** via AllClear in accordance with the criteria details in Important Conditions Relating to Health on page 2;
- claims arising from a **medical condition** which is specifically advised as excluded under Important Conditions Relating to Health on page 2;
- claims arising from a **medical condition** which is not substantiated by a written report from the treating doctor confirming **your** inability to play golf;
- claims arising from weather conditions resulting from the failure to protect items;
- documentation more specifically insured elsewhere;
- any claim if **you** have purchased Economy cover.

OPTIONAL TIMESHARE COVER

Provided only when the appropriate additional premium has been paid and cover is detailed on **your certificate**. Cover is available for up to a maximum of 31 days in any one **period of insurance**.

SECTION 28 - TIMESHARE CANCELLATION AND CURTAILMENT COVER

What You Are Covered For:

The **Insurer** will reimburse **you** up to the amount shown in the Schedule of Benefits if **your trip** is cancelled or curtailed due to any one of the reasons listed under Section 5 - Cancellation, Curtailment and Trip Interruption, occurring to **you**, or **your travelling companion** during the covered period.

- Cancellation** for the management and exchange fees **you** have paid or for which **you** are legally liable, plus up to 5% of the original purchase price of the contracted timeshare week(s) owned by **you** which are unused and not recoverable from any other source.
- Curtailment** for the pro rata proportion of management and exchange fees **you** have paid or for which **you** are legally liable, plus up to 5% of the original purchase price of the contracted timeshare week(s) for the number of scheduled nights not spent overseas, which are not recoverable from any other source.

What You Are Not Covered For:

In addition to the General Exclusions of the **policy**, the **Insurer** shall not be responsible for:

- disinclination to travel or continue travelling;
- claims arising from a **medical condition** that is required to be advised to **us** via AllClear in accordance with the criteria details in Important Conditions Relating to Health on page 2;
- claims arising from a **medical condition** which is specifically advised as excluded under Important Conditions Relating to Health on page 2;
- claims arising which are not supported by written medical confirmation and clinical reports from medical service providers, as well as all other proof of the happening of an event causing Cancellation or Curtailment;
- claims arising where **you** have not been able to receive the necessary inoculations or vaccinations or obtain necessary visas;
- claims arising from **your** financial circumstances other than due to **redundancy** where **you** qualify for **redundancy** payment under current EU legislation;
- claims arising from a change in work commitments or holiday entitlement;
- claims arising from any loss resulting from the cancellation or delay of a flight, subsequent to **your** initial International departure or return from or to **your country of residence**;
- any claim if **you** have purchased Economy cover.

SPECIAL NOTE:

It is a condition of this section that any claim for Cancellation be advised verbally to the claims administrators as soon as possible and then confirmed in writing to them as soon as possible thereafter. Curtailment/Trip Interruption must be authorised by the Assistance company following confirmation from the treating doctor that IT IS MEDICALLY NECESSARY THAT THE INSURED CURTAILS THEIR TRIP, where the curtailment is due to an illness/injury.

If you curtail your trip due to an illness/death of a third party, family member or relative then you must also ring the Assistance company, otherwise your claim may be declined. You must always take action to mitigate your costs.

OPTIONAL WEDDING COVER

Provided only when the appropriate additional premium has been paid and cover is detailed on **your certificate**.

SECTION 29 – WEDDING COVER

Special Definitions (which are shown in italics)

You/your/insured person/insured couple - means the couple travelling abroad to be married whose names appear on the **policy certificate**.

Wedding/civil partnership attire - means dress, suits, shoes and other accessories bought specially for the wedding/civil partnership and make-up, hair styling and flowers paid for or purchased for the wedding/civil partnership forming part of *your* Baggage.

What You Are Covered For:

1. The **Insurer** will reimburse *you* up to the amount shown in the Schedule of Benefits for the accidental loss of, theft of or damage to the items shown below forming part of *your* baggage/**valuables**:

- for each wedding/civil partnership ring taken or purchased on the **trip** for each *insured person*.
- for wedding/civil partnership gifts taken or purchased on the **trip** for the *insured couple*.
- for *your* wedding/civil partnership attire which is specifically to be worn by *you* on *your* wedding/civil partnership day.

The amount payable will be the original purchase price less a deduction for wear, tear and depreciation, (or **we** may at **our** option replace, reinstate or repair the lost or damaged baggage/**valuables**).

2. The **Insurer** will reimburse *the insured couple* up to the amount shown in the Schedule of Benefits for the reasonable additional costs incurred to reprint/make a copy of or retake the photographs/video recordings either at a later date during the **trip** or at a venue in *your* **country of residence** if:

- the professional photographer who was booked to take the photographs/video recordings on *your* wedding/civil partnership day is unable to fulfil such obligations due to **bodily injury**, illness or unavoidable and unforeseen transport problems; or
- the photographs/video recordings of the wedding/civil partnership day taken by a professional photographer are lost, stolen or damaged within 14 days after the wedding/civil partnership day and whilst *you* are still at the holiday/honeymoon location.

SPECIAL CONDITIONS:

You must comply with the following procedures:

- Receipts for items lost, stolen or damaged must be retained as these will help *you* to substantiate *your* claim.
- Our** liability for each wedding/civil partnership ring, wedding/civil partnership gifts and wedding/civil partnership attire owned by the *insured person* shall be further limited as follows:

Age of Item

Up to 1 year old	- 90% of purchase price
Up to 2 years old	- 70% of purchase price
Up to 3 years old	- 50% of purchase price
Up to 4 years old	- 30% of purchase price
Up to 5 years old	- 20% of purchase price
Over 5 years old	- Nil Payment

What You Are Not Covered For:

In addition to the General Exclusions of the **policy**, the **Insurer** shall not be responsible for:

- the **excess** as shown in the Schedule of Benefits, unless *you* have purchased the **excess** waiver;
- wear, tear and depreciation of the article(s);
- claims arising from breakage of fragile articles unless caused by fire or **accident** to a vehicle;
- claims arising from electrical or mechanical breakdown or derangement of the article insured;
- claims arising from damage caused by leakage of powder or liquid carried with *your* **personal possessions**;
- claims arising from damage caused by moth or vermin, denting or scratching, or any process of dyeing or cleaning;
- claims arising for **personal money**, cheques, contact lenses, antiques, computer equipment of any kind, mobile telephones, TV sets; bonds; securities; stamps or documents of any kind; musical instruments; typewriters; glass; china; samples or merchandise or business goods or specialised equipment relating to a trade or profession;
- claims arising for theft which is not reported to any appropriate police authority within 24 hours of discovery and an official report obtained;
- claims arising for loss or damage which is not reported to any appropriate authority within 24 hours of discovery and an official report obtained (and specifically for claims arising against or in common carriers and hotels, any claim not reported in writing to such carrier or hotel within 24 hours of discovery, and an official report obtained). In the case of an airline, a Property Irregularity Report will be required;
- claims arising for breakage of sports equipment whilst in use (unless **ski equipment** or **golf equipment** and the appropriate **Winter Sports** or **Golf Cover** has been effected);
- claims arising from delay, detention, seizure or confiscation by Customs or other officials;
- claims arising for loss, theft or damage to household goods or anything shipped as freight or under a Bill of Lading;
- claims arising for **personal possessions** left **unattended** in a place to which the general public has access or left in the custody of a person who does not have an official responsibility for the safekeeping of the property;
- claims arising for loss, theft or damage of items from an **unattended** motor vehicle, unless taken from a locked boot, glove box or locked & secured roof box between 8am and 8pm local time and there is evidence of forced entry which is confirmed by a police report;
- claims arising for loss or damage to items carried on a vehicle roof rack;
- claims arising for loss, theft or damage to **valuables** which at the time of such loss, theft or damage were located in checked-in luggage or an **unattended** motor vehicle;
- any claim if *you* have purchased Economy cover.

OPTIONAL BUSINESS COVER

Provided only when the appropriate additional premium has been paid and cover is detailed on **your certificate**. Cover is available for up to a maximum of 31 days in any one **period of insurance**.

SECTION 30 – BUSINESS EQUIPMENT

What You Are Covered For:

The **Insurer** will pay *you* up to the amount shown in the Schedule of Benefits for **accidental** loss, theft of or damage to **your business equipment**. The amount payable will be the value at today's prices less a deduction for wear tear and depreciation, (or **we** may at **our** option replace, reinstate or repair the lost or damaged **business equipment**).

1. The maximum **we** will pay for the following items is:

- For any **single item** is as shown on the Schedule of Benefits;
- For computer equipment as shown on the Schedule of Benefits.

2. **We** will also reimburse *you* up to the amount shown on the Schedule of Benefits for:

- If the purchase of essential items, if **your business equipment** or business samples are delayed or lost in transit on *your* outward journey for more than 12 hours. This also includes any emergency courier expenses *you* have incurred, in obtaining any **business equipment**, which is essential to *your* intended business itinerary;
- The cost of hiring the necessary business equipment for each 24 hour period that *you* are without *your* own business equipment if it is lost, stolen, damaged, misdirected or delayed in transit by more than 12 hours.

SPECIAL CONDITION

You must comply with the following procedures:

- If **your business equipment** is delayed *you* must supply receipts for the essential items purchased and written confirmation from the carrier as to the exact nature and length of delay.
- You** must provide an original receipt or proof of ownership for items lost, stolen or damaged to help *you* to substantiate *your* claim.
- Our** liability for **business equipment** shall be further limited as follows:

Age of Item	
Up to 1 year old	- 90% of purchase price
Up to 2 years old	- 70% of purchase price
Up to 3 years old	- 50% of purchase price
Up to 4 years old	- 30% of purchase price
Up to 5 years old	- 20% of purchase price
Over 5 years old	- Nil Payment

What You Are Not Covered For:

In addition to the General Exclusions of the **policy**, the **Insurer** shall not be responsible for:

- the **excess** as shown in the Schedule of Benefits, unless *you* have purchased the **excess** waiver;
- Claims arising for loss or theft which is not reported to any appropriate police authority within 24 hours of discovery and an official written report obtained;
- claims arising for loss or damage which is not reported to any appropriate authority within 24 hours of discovery and an official written report obtained (and specifically for claims arising against common carriers and hotels, any claim not reported in writing to such carrier or hotel within 24 hours of discovery, and an official written report obtained). In the case of an airline, a Property Irregularity Report (PIR) will be required;
- claims arising for damage to **business equipment** whilst on *your* **trip** if *you* do not obtain an official written report from an appropriate retailer detailing the damage.
- loss, theft of or damage to **business equipment** contained in or stolen from an **unattended** vehicle:
 - overnight between 9 p.m. and 8 a.m. (local time); or
 - at any time between 8 a.m. and 9 p.m. (local time) unless it is in the locked boot which is separate from the passenger compartment, or for those vehicles without a separate boot, locked in the vehicle and covered from view and evidence of forcible and violent entry to the vehicle is confirmed by a written police report;
- claims arising for **business equipment** left **unattended** in a place to which the general public has access (e.g. on a beach/around a swimming pool) or left in the custody of anyone other than an **insured person** or *your* **travelling companion**;
- claims arising from **business equipment** and **valuables** whilst in the custody of a carrier;
- loss or damage due to delay, confiscation or detention by customs or other authority;
- loss or damage caused by wear and tear, depreciation, deterioration, atmospheric or climatic conditions, moth, vermin, any process of cleaning, repairing or restoring, mechanical or electrical breakdown;
- claims arising from damage caused by leakage of powder or liquid carried with *your* **personal possessions** or **business equipment**;
- claims arising from loss or theft from *your* accommodation unless there is evidence of forced entry which is confirmed by a written police report;
- any loss or damage arising out of *you* engaging in manual work;
- interruption of *your* business or any other consequential loss;
- any claim if *you* have purchased Economy cover.

SECTION 31 – BUSINESS MONEY

What You Are Covered For:

The **Insurer** will reimburse *you* up to the amount shown in the Schedule of Benefits for the accidental loss or theft of **business money** or travellers cheques during *your* **trip**.

SPECIAL CONDITION

You must comply with the following procedure:

- Receipts for items lost or stolen including foreign currency exchange receipts or statements from *your* business bank accounts showing the amounts withdrawn must be retained as these will be needed for *you* to substantiate *your* claim.

What You Are Not Covered For:

In addition to the General Exclusions of the **policy**, the **Insurer** shall not be responsible for:

- the **excess** as shown in the Schedule of Benefits, unless *you* have purchased the **excess** waiver;
- claims arising for theft which is not reported to any appropriate police authority within 24 hours of discovery and an official written report obtained;
- claims for loss or theft which is not reported to any appropriate authority within 24 hours of discovery and an official written report obtained (and specifically for claims arising against common carriers and hotels, any claim not reported in writing to such carrier or hotel within 24 hours of discovery, and an official written report obtained);
- claims arising from delay, detention, seizure or confiscation by Customs or other officials;
- claims arising from shortages due to error, omission or depreciation in value;
- claims arising for loss or theft of **business money** which at the time of such loss or theft was
 - not on *your* person; and
 - not deposited in a safe, safety deposit box or similar locked fixed container in *your* **trip** accommodation;
- claims for any loss, if *you* have not taken reasonable steps to prevent a loss from happening;
- claims for loss or theft of **business money** that does not belong to *your* employer or *you*, if *you* are self employed;
- claims for any loss or theft of travellers cheques, if the issuer provides a replacement service;
- claims arising from depreciation in value or currency changes;
- any claim if *you* have purchased Economy cover.

SECTION 32 – REPLACEMENT EMPLOYEE

What You Are Covered For:

The **Insurer** will reimburse **you** up to the amount shown in the Schedule of Benefits for reasonable additional transport (economy class) and accommodation expenses incurred for a business colleague to replace **you** in **your** location abroad, where necessary, in the event that **you** have a valid claim for repatriation under Section 1 - Medical Emergency and Repatriation or die during a **trip**.

What You Are Not Covered For:

In addition to the General Exclusions of the **policy**, the **Insurer** shall not be responsible for:

1. the **excess** as shown in the Schedule of Benefits, unless **you** have purchased the **excess** waiver;
2. any loss or damage arising from **you** engaging in manual work;
3. any financial loss, costs or expenses incurred arising from the interruption of **your** business;
4. accommodation costs other than the cost of the room;
5. any claim if **you** have purchased Economy cover.

SECTION 33 – SPECIAL SPORTS & ACTIVITIES

This **policy** specifically excludes participating in or practising for certain sports and activities. Please see the tables below to confirm which activities can be covered. Please note that there may be an additional premium to pay and certain terms and conditions may apply.

Table A

This **policy** will cover you when you are engaging in the following sports and activities on a non-competitive and non-professional basis during your trip:

Abseiling (within organiser's guidelines)	Non-Competitive Football/Soccer
Angling	Organised safari without guns
Archery	Orienteering
Athletics	Overland trips
Badminton	Parascending – over water
Ballooning - hot air (organised pleasure rides only)	Pony trekking
Banana boating	Racquetball
Baseball	Rackets
Basket ball	Rambling
Boardsailing	Rap jumping (within organiser's guidelines)
Bowling	Ringos
Bungee jumping (within organiser's guidelines)	Roller skating/blading (wearing pads & helmets)
Canoeing (up to grade 2 rivers only)	Rounders
Climbing (on a climbing wall only)	Rowing (except racing)
Cricket	Running
Curling	Safari trekking in a vehicle (must be organised tour)
Cycling (no BMX or mountain biking)	Safari trekking on foot (must be organised tour)
Deep sea fishing	Sail boarding
Fell walking	Scuba diving to 30m (within organiser's guidelines)
Fishing	Sea kayaking
Glacier walking	Skateboarding (wearing pads and helmets)
Gliding (no cover for crewing or piloting)	Sledging - pulled by horse or reindeer as a passenger
Golf	Snorkelling
Gymnastics	Softball
Handball	Squash
Heptathlon	Surfing
Hiking / trekking / walking (below 4000 metres)	Table tennis
Horse riding	Ten pin bowling
(excl. Competitions/racing/jumping/hunting)	Tennis
Hot air ballooning (organised pleasure rides only)	Tubing
Ice skating	Tug of war
Indoor climbing (on climbing wall)	Volley ball
Kayaking (up to grade 2 rivers only)	Wake-boarding
Kite surfing	Water polo
Marathon running	Water-skiing
Motor cycling (up to 125cc)	White water rafting (within organiser's guidelines)
Mountain biking	Wind-surfing
Netball	Zorbing

Table B

Your **policy** also covers the following Special Sports and Activities but no cover will apply in respect of the Personal Liability and Personal Accident Sections of the **policy**:

Camel Riding	Rifle range shooting
Catamaran sailing (if qualified)	Sailing / yachting inshore (recreational, crewing, no racing)
Clay pigeon shooting	Shooting (within organiser's guidelines)
Dinghy sailing	Small bore target shooting (within organiser's guidelines)
Go karting (within organiser's guidelines)	War Games (wearing eye protection)
Jet boating (no racing)	Yachting (if qualified)
Jet skiing (no racing)	
Paint balling (wearing eye protection)	

Table C

Your **policy** can be extended to cover the following Special Sports and Activities for an additional premium:

American football	Outdoor endurance events
Climbing up to 4000 meters	Parascending - over land
Dry slope skiing	Rugby
Endurance Tests	Sand dune surfing / skiing
Fives	Scuba diving between 30m - 50m (within organiser's guidelines)
Football - American	Speed skating
High altitude trekking	Street hockey (wearing pads and helmets)
Hiking / trekking / walking (above 4000 meters)	Summer tobogganing
Hockey	Trampolining
Lacrosse	Trekking high altitude
Langlauf	White water canoeing (up to grade 4 only)
Organised safari with guns	

Table D

Your **policy** can be extended to cover the following Special Sports and Activities for an additional premium, but no cover will apply in respect of any Personal Accident or Personal Liability claims:

Fencing (within organiser's guidelines)	Sailing/yachting inshore (recreational, crewing, no racing)
Gaelic football	Sailing / yachting offshore (recreational, no racing)
Hurling	
Polo	

Table E

Your **policy** will not cover the following Special Sports and Activities:

Adventure racing	Martial arts
Base jumping	Micro lighting
Biathlon	Modern pentathlon
Big game hunting	Motor cycle racing
Black water rafting	Motor racing
BMX riding - stunt / obstacle	Motor rallying
Bouldering	Mountaineering over 4000m
Boxing	Parachuting
Canyoning	Paragliding / parapenting
Cave tubing	Parapenting / paragliding
Caving / pot holing	Pot holing / caving
Climbing over 4000 m	Power boat racing
Cycle racing	Powerlifting
Cyclo cross	Professional sports of any kind
Drag racing	Quad biking
Flying (except passengers in licensed passenger carrying aircraft)	River bugging
Free mountaineering	Rock climbing
Hang gliding	Rodeo
Harness racing	Roller hockey
High diving (over 5 metres)	Shark diving (in cage)
Hunting (fox / drag)	Sky diving
Jousting	Speed trials / time trails
Judo	Time trails / speed trails
Karate	Triathlon
Kendo	Water ski jumping
Manual work	Weight lifting
	Wrestling

Please refer to general exclusion 8. If you are undertaking a pursuit or activity which is not listed in this **policy** or are in any doubt as to whether cover will apply, please call the Travel Helpline on 0844 482 0660.

SECTION 34 – SCHEDULED AIRLINE FAILURE

Meaning of words for this section only:

Certificate

An insurance validation certificate issued by the seller which describes **you** and the **Insured** person(s) who are covered under this **policy**.

Insurer

A consortium of Association of British Insurers member companies and Lloyd syndicates, provided by International Passenger Protection Ltd.

Insured person or You/Your

Each person named on the certificate and for whom the appropriate premium has been paid.

What You Are Covered For:

The **insurer** will pay **you** up to the amount shown in the Schedule of Benefits for each **insured** person named on the invoice, airline ticket and certificate of insurance for:

1. Irrecoverable sums paid in advance in the event of insolvency of the scheduled airline not forming part of an inclusive holiday prior to departure; or
2. In the event of insolvency after departure:
 - a) Additional pro-rata cost incurred by each **insured** person in replacing that part of the flight arrangements to a similar standard to that originally booked; or
 - b) If curtailment of the holiday is unavoidable – the cost of the return flights to the UK to a similar standard to that originally booked.

Provided that in the case of a) and b) above where practicable the **insured** person shall have obtained the approval of the **insurer** prior to incurring the relevant costs by contacting the **insurer** as set out below.

What You Are Not Covered For:

The **insurer** will not pay for:

1. scheduled flights not booked within the UK prior to departure;
2. any costs arising from the insolvency of:
 - a) Any scheduled airline which is insolvent or in respect of which any prospect of insolvency is known at the date of issue of the **policy**;
 - b) Any scheduled airline who is bonded or insured elsewhere (even if the bond is insufficient to meet the claim); or
3. the failure of any travel agent, tour organiser, booking agent or consolidator with whom the **insured** person has booked a scheduled flight, to meet any obligations under such bookings;
4. any loss for which a third party is liable of which can be recovered by other legal means.

Claims Procedure for Scheduled Airline Failure Claims only:

Any occurrence which may give rise to a claim should be advised within 14 days to:

International Passenger Protection Claims Office

22-26 Station Road

West Wickham

Kent

BR4 OPR

Tel: 0208 776 3752 E-mail: info@iplondon.co.uk

Fax: 0208 776 3751 Website: www.iplondon.co.uk

IPP will only accept claims submitted up to six months after the failure. Any claim submitted after the six month period will not be processed.

Complaints Procedure

If you have a complaint, we really want to hear from you. We welcome your comments as they give us the opportunity to put things right and improve our service to you.

Please telephone us on: 020 8776 3750.

Or write to:

International Passenger Protection Limited,

IPP House,

22-26 Station Road,

West Wickham,

Kent.

BR4 OPR

Fax: 020 8776 3751

Email: info@iplondon.co.uk

Please make sure that you quote the policy number which can be found on your policy statement.

It is our policy to acknowledge any complaint within 5 working days advising you of who is dealing with your concerns and attempt to address them.

If our investigations take longer, a full response will be given within four weeks or an explanation of IPP's position with time-scales for a full response.

Having followed the above procedure, if you are not satisfied with the response you may write to:

The Lead Insurer on behalf of the Insurance Panel:

Managing Director,
ETI,
Albany House,
First Floor,
14 Bishopric,
Horsham,
Sussex.
RH12 1QN

In addition, you have the right to contact the Financial Ombudsman Service at the following address:

Insurance Division Financial Ombudsman Service,
South Quay Plaza,
183 Marsh Wall,
London.
E14 9SR
Telephone: 0845 080 1800
Email: enquiries@financial-ombudsman.org.uk

Please make sure that you always quote the details of your Policy Number to help your enquiry to be dealt with efficiently.

Making a complaint will not affect your right to take legal action.

GENERAL EXCLUSIONS APPLICABLE TO ALL SECTIONS OF THE INSURANCE

1. The **Insurer** shall not be responsible for claims which are directly or indirectly caused by, occasioned by, resulting from or in connection with any of the following regardless of any other cause or event contributing concurrently or in any other sequence to the claim:
 - i) **act of terrorism**. This exclusion will not apply to losses under Section 1 – Medical Emergency and Repatriation, Section 4 – Hospital Daily Benefit and Section 11 - Personal Accident unless such losses are caused by nuclear, chemical or biological attack or planned attack, or the disturbances were already taking place at the beginning of any **trip** in which case the exclusion will apply; or
 - ii) war, invasion or warlike operations (whether war be declared or not), hostile acts of sovereign or government entities, civil war, rebellion, revolution, insurrection, civil commotion assuming the proportions of or amounting to an uprising, military or usurped power or martial law or confiscation by order of any government or public authority; or
 - iii) seizure or illegal occupation; or
 - iv) confiscation, requisition, detention, legal or illegal occupation, embargo, quarantine or any result of any order of public or government authority which deprives you of the use or value of your property, nor for loss or damage arising from acts of contraband or illegal transportation or illegal trade; or
 - v) discharge of pollutants or contaminants, which pollutants and contaminants shall include but are not limited to any solid, liquid, gaseous or thermal irritant, contaminant or toxic or hazardous substance or any substance the presence, existence or release of which endangers or threatens to endanger the health, safety or welfare of persons or the environment; or
 - vi) chemical or biological release or exposure of any kind; or
 - vii) attacks by electronic means including computer hacking or the introduction of any form of computer virus; or
 - viii) threat or hoax, in the absence of physical damage due to an **act of terrorism**; or
 - ix) any action taken in controlling, preventing, suppressing or in any way relating to any **act of terrorism**.
2. From loss or destruction of, or damage to any property whatsoever, or any loss or expense whatsoever resulting in or arising there from, or any consequential loss of any legal liability of whatsoever nature, directly or indirectly caused by or contributed to, or arising from:
 - i) ionising radiation or contamination by radioactivity from any nuclear fuel or from any nuclear waste from the combustion of nuclear fuel; or
 - ii) the radioactive, toxic, explosive or other hazardous properties of any explosive nuclear assembly or nuclear component thereof.
3. From **you** engaging in any illegal or criminal act;
4. From any other loss, damage or additional expenses following on from the event for which **you** are claiming. Examples of such loss, damage or additional expense would be the cost of replacing locks after losing keys, cost incurred in preparing a claim or loss of earnings following bodily injury or illness, or the cost of telephone calls. Claims shall only be paid for those losses which are specifically stated under the terms of this insurance;
5. Wilful exposure to areas known to be infected with:
 - i) Severe Acute Respiratory Syndrome (S.A.R.S.);
 - ii) Avian Influenza, Asian Birdflu, H5N1, Swine Influenza A/H1N1;
 - iii) or any other Influenza A viruses.
6. Directly or indirectly out of **your** financial incapacity, except in the circumstance of **redundancy**;
7. Which but for the existence of this insurance, would be covered under any other insurance policy(ies), including any amounts recovered by **you** from private health insurance, EHC Card payments, any reciprocal health agreements, airlines, hotels, home contents Insurers or any other recovery by **you** which is the basis of a claim;
8. From any **special sports & activities** including but not limited to all **winter sports** (except where cover has been confirmed and any appropriate premium has been paid);
9. **Your** suicide or attempted suicide or **your** wilful exposure to danger (except in an attempt to save human life);
10. **You** being under the influence of or in connection with the use of alcohol or drugs, unless as prescribed by a treating doctor;
11. From **you** being in, entering or descending from an aircraft other than a fully licensed passenger carrying aircraft in which **you** are travelling as a passenger
12. From **your** wilful exposure to a peril. **You** must exercise reasonable care to prevent **illness**, injury or loss or damage of **your** property as if uninsured;
13. Directly or indirectly from **you** being engaged in any manual employment after the commencement of the **trip**;
14. **You** travelling against the advice of a **medical practitioner**;
15. **Your** travel to a country or specific area or event to which the Travel Advice Unit of the Foreign & Commonwealth Office or the World Health Organisation has advised the public not to travel.

CONDITIONS APPLICABLE TO ALL SECTIONS OF THE INSURANCE

1. All material facts must be disclosed to the **Insurer** at the time of taking out this Insurance. Failure to do so may result in the **Insurer's** non-liability for claims. A material fact is any fact known to the **Insured** which is likely to influence the **Insurers** in the acceptance or assessment of the insurance. If **you** are in any doubt as to whether a fact is material then for **your** own protection it should be disclosed. All information provided in purchasing this insurance shall form the basis of the contract.
2. All **certificates**, information and evidence required by the **Insurer** shall be furnished at the expense of the **Insured** or **your** legal personal representatives and shall be in such form and of such nature as the

Insurer may prescribe. The **Insured** shall as often as required submit to a medical examination on behalf of the **Insurer** at the **Insured's** expense.

3. In the event of the death of the **Insured**, the **Insurer** shall be entitled to have a post-mortem examination at their own expense.
4. Any items which become the subject of a claim for loss or damage shall be retained for **Insurer** inspection and shall be forwarded to **our Claims Handler** upon request at the expense of the **Insured** or **your** legal personal representatives. All such items shall become the property of the **Insurer** following final settlement of the claim.
5. In the event of any occurrence which may give rise to a claim under this insurance, the **Insured** shall take all reasonable steps to minimise any loss arising out of such claim.
6. This insurance is non-transferable. Should the journey or holiday be cancelled prior to departure for any reason whatsoever other than those set out in the Cancellation section of the **policy** then the insurance cover terminates immediately and the premium is neither apportionable nor refundable.
7. The **Insurer** and the **Insured** are entitled to choose the law applicable to the insurance contract. The **Insurer** chooses the laws of England and Wales and, in the absence of any agreement to the contrary, the laws of England and Wales shall apply.
8. The **Insurer**, at its own expense is entitled to take proceedings in the name of the **Insured** to recover compensation or secure an indemnity from any third party in respect of any loss or damage covered by this insurance and any amount so recovered shall belong to the **Insurer**.
9. In the event that the **Insured** recovers by any means, damages from any third party in respect of personal accident, all benefits paid to the **Insured** shall be repaid to the **Insurer**.
10. If any fraudulent claim is made or if any fraudulent means or devices are used to obtain any benefit or compensation under this **policy**, all benefits thereunder shall be forfeited as well as all premiums paid.
11. In the event that the **Insured** experiences a problem with the **policy** or the claims process, please refer to the Complaints Procedure.

COMPENSATION SCHEME

White Horse Insurance Ireland Limited is covered by the Financial Services Compensation Fund. If White Horse Insurance Ireland Limited cannot meet their obligations **you** may be entitled to compensation from The Financial Services Compensation Fund. The Financial Services Compensation Fund provides funds for liquidators so that they may pay the valid claims of insolvent insurers. The fund will provide an amount up to £2,000 or 90% of the net loss, whichever is less. **You** can get more information about compensation fund arrangements from the Financial Services Authority.

DATA PROTECTION

Please note that any information provided to **us** will be processed by **us** and **our** agents in compliance with the provisions of the Data Protection Act 1998 as amended, for the purpose of providing insurance and handling claims, if any, which may necessitate such information being provided to third parties.

COMPLAINTS PROCEDURE Excluding Section 34

Should **you** have any query or complaint regarding the way **your** claim has been dealt with, in the first instance please write to:

The Claims Manager
White Horse Administration Services Ltd
PO Box 5633
Walsall
WS6 9BB

If **you** are still not satisfied that **we** have dealt with **your** complaint, please write to:

The General Manager
White Horse Insurance Ireland Ltd
14 Clyde Road
Ballsbridge
Dublin 4
Republic of Ireland

If **you** are still not satisfied with our decision after following the above procedure, **you** may then write to:

The Financial Services Ombudsman's Bureau
Third Floor Lincoln House
Lincoln Place
Dublin 2
Republic of Ireland

Tel: 00353 (1)6620 899
Fax: 00353 (1)6620 890

Please note the Ombudsman will not consider **your** case until **you** have followed the complaints procedure, as outlined above. Please quote **your** insurance reference number and **your** claim number in all **your** correspondence to all parties involved with this procedure. This procedure is intended to provide **you** with a prompt and practical service with any complaints that **you** may have, and does not affect **your** legal rights.

FOR 24 HOUR EMERGENCY MEDICAL ASSISTANCE

Please telephone AXA Assistance
Tel: +44 (0)845 271 2457
24 hours a day, 365 days a year.

FOR CLAIMS Excluding Section 34

Please telephone White Horse Administration Services Ltd on
Tel: 0871 664 7995

Please note: Calls from BT land lines to 0871 numbers cost 10p per minute. Calls from mobiles and other networks may be extra.

Please note that it is a condition of **your** policy that **you** notify **us** of **your** intention to make a claim within 45 days of **your** return date.

Our postal address is:
White Horse Administration Services Ltd
PO Box 5633
Walsall
WS6 9BB
England

When **you** contact us please ensure that **you** have the following information available to **you** as we will require it to process **your** claim:

Master policy reference of **WHIIL/ROCK/03/2010**

Your policy number

Date of purchase of **your policy**

Travel itinerary

Country and resort **you** visited or intended to visit

Actual or intended travel dates

Incident date

Brief circumstances of **your claim**

Value of **your claim**

Please note that **your claim** may be delayed if **you** are unable to provide **us** with the above information.

WE WANT YOU TO FULLY ENJOY YOUR TRIP SO WE HAVE INCLUDED A FEW HELPFUL HINTS

- Never leave **your** belongings **unattended** or with strangers, especially at airports or on the beach, nor in view within vehicles.
- Leave in plenty of time to get to the airport/port by the earliest stated check-in time, allowing for the time of day, weather and the latest available travel information.
- If **you** are taking **valuables** such as jewellery or camcorders on holiday, **you** should insure them under an All Risks insurance or **your** household contents insurance.
- Do not pack **valuables, cash** and **fragile items** in the baggage that **you** intend to check-in at the airport, etc. Keep them with **you** at all times during **your** journey.
- If **you** need regular medication, take enough with **you** to last **your** holiday. **You** should also take an extra supply that should be packed separately in case **you** lose **your** first supply.
- Check **your** baggage for damage each time **you** reclaim it.
- Think before **you** dive into water, check the depths of swimming pools and the sea and only dive if **you** are sure the water is deep enough and never after alcohol or a heavy meal.
- The sun abroad can be much more powerful than **you** are used to at **home**, particularly if **you** are on the water. To prevent sunburn and sunstroke, use plenty of high factor sun cream and take care not to stay out in strong sunlight too long.
- Check that the tap water is safe to drink. Unless **you** know it is safe, always drink bottled water. Avoid ice in drinks, or cold food such as salads that may have been washed in tap water.
- Remember simple first aid remedies and medications can reduce or eliminate **your** need to take up valuable holiday time seeking treatment.
- Make sure all passports, visas, vaccinations and health requirements are up to date, and be sure to take all necessary **travel documents** with **you**.

USEFUL NUMBERS

Emergency Medical Assistance	+44 (0)845 271 2457
Claims Handlers	0871 664 7995
<i>Please note: Calls from BT land lines to 0871 numbers cost 10p per minute. Calls from mobiles and other networks may be extra.</i>	
Travel Helpline	0844 482 0660

SCHEDULE OF BENEFITS

Section	Economy Cover Limits up to	Excess ***	Standard Cover Limits up to	Excess ***	Premier Cover Limits up to	Excess ***
1 Medical Emergency & Repatriation	£3,000,000	£150	£5,000,000	£100	£10,000,000	£60
2 Emergency Dental Treatment	£250	£100	£250	£85	£250	£60
3 Additional Accommodation & Travelling Costs	£500	Nil	£1,000	Nil	£2,000	Nil
4 Hospital Daily Benefit	N/A	N/A	N/A	N/A	£25 per 24hrs up to £1,000	Nil
5 Cancellation, Curtailment & Trip Interruption**	£500	£100 £10 for LOD*	£1,500	£85 £10 for LOD*	£5,000	£60 £10 for LOD*
6 Travel Delay						
- Delay Benefit	N/A	N/A	£10 per 12hrs up to £100	Nil	£20 per 12hrs up to £300	Nil
- Abandonment	N/A	N/A	£1,500	£85	£5,000	£60
- Transport Cancellation	N/A	N/A	£500	Nil	£1,500	Nil
7 Missed Departure on the Outward Journey	N/A	N/A	£500	Nil	£1,000	Nil
8 Personal Possessions**	£200	£100	£1,000	£85	£2,000	£60
- Single article, or Pair or Set of articles	£100	£100	£150	£85	£200	£60
- Valuables (limited to £100 if Insured Person is under 18)	£100	£100	£150	£85	£200	£60
- Travel documents	N/A	N/A	£150	£85	£200	£60
- Baggage delay	N/A	N/A	£50 per 24 hrs up to £150	Nil	£50 per 24 hrs up to £200	Nil
9 Personal Money	£100	£100	£100	£30	£200	£30
- Cash (limited to £50 if Insured Person is under 18)						
10 Personal Liability	£2,000,000 per policy	£100	£2,000,000 per policy	Nil	£2,000,000 per policy	Nil
11 Personal Accident						
- Death	£10,000	Nil	£10,000	Nil	£10,000	Nil
- Death if under 18 or over 65	£1,000	Nil	£2,500	Nil	£2,500	Nil
- Loss of limb or sight	£10,000	Nil	£10,000	Nil	£25,000	Nil
- Permanent total disablement	£10,000	Nil	£10,000	Nil	£25,000	Nil
- Permanent total disablement if over 65	£1,000	Nil	£2,500	Nil	£2,500	Nil
12 Legal Expenses	£10,000 per policy	£200	£15,000 per policy	£200	£25,000 per policy	£200
13 Mugging	N/A	N/A	£30 per 24hrs up to £300	Nil	£50 per 24hrs up to £500	Nil
14 Hijack	N/A	N/A	£100 per 24hrs up to £1,000	Nil	£150 per 24hrs up to £1,500	Nil
15 Disaster	N/A	N/A	N/A	N/A	£1,000	£60
16 Withdrawal of Services	N/A	N/A	£30 per 24hrs up to £300	Nil	£50 per 24hrs up to £500	Nil
17 Domestic Pets	N/A	N/A	£25 per 24hrs up to £150	Nil	£50 per 24hrs up to £300	Nil

Section	Economy Cover Limits up to	Excess ***	Standard Cover Limits up to	Excess ***	Premier Cover Limits up to	Excess ***
Home Country Cover						
18 Home country Medical Transfer	N/A	N/A	Necessary costs	Nil	Necessary costs	Nil
19 Additional Accommodation Costs	N/A	N/A	£1,000	Nil	£2,000	Nil
Optional Winter Sports Cover						
20 Ski Equipment	N/A	N/A	£1,000	£50	£2,000	£50
21 Ski Hire	N/A	N/A	£20 per complete day up to £200	Nil	£20 per complete day up to £200	Nil
22 Ski Pack	N/A	N/A	£75 per complete day up to £300	Nil	£75 per complete day up to £300	Nil
23 Piste Closure	N/A	N/A	£20 per complete day up to £240	Nil	£20 per complete day up to £240	Nil
24 Avalanche or landslide	N/A	N/A	£20 per complete day up to £240	Nil	£20 per complete day up to £240	Nil
Optional Golf Cover						
25 Golf Equipment	N/A	N/A	£1,000	£50	£2,000	£50
- Single Article Limit	N/A	N/A	£250	£50	£250	£50
26 Golf Equipment Hire	N/A	N/A	£20 per complete day up to £200	Nil	£30 per complete day up to £300	Nil
27 Non Refundable Golfing Fees	N/A	N/A	£75 per complete day up to £300	Nil	£100 per complete day up to £400	Nil
Optional Timeshare Cover						
28 Timeshare Cancellation Costs	N/A	N/A	Management & exchange fees plus up to 5% of the original purchase price up to £1,500	Nil	Management & exchange fees plus up to 5% of the original purchase price up to £5,000	Nil
Timeshare Curtailment Costs	N/A	N/A	The pro-rata proportion of the Management & exchange fees plus up to 5% of the original purchase price up to £1,500	Nil	The pro-rata proportion of the Management & exchange fees plus up to 5% of the original purchase price up to £5,000	Nil
Optional Wedding Cover						
29 Wedding rings	N/A	N/A	£250 per ring	£50	£500 per ring	£50
Wedding Gifts	N/A	N/A	£1,000 per couple	£50	£2,000 per couple	£50
Wedding Attire	N/A	N/A	£1,500 per couple	£50	£3,000 per couple	£50
Wedding Photographs	N/A	N/A	£750 per couple	£50	£1,500 per couple	£50
Optional Business Cover						
30 Business Equipment	N/A	N/A	£1,000	£75	£1,000	£50
- Single Article Limit	N/A	N/A	£500	£75	£500	£50
- Business Samples	N/A	N/A	£500	£75	£500	£50
- Computer Equipment Limit	N/A	N/A	£1,000	£75	£1,000	£50
- Business Equipment Delay	N/A	N/A	£150	Nil	£200	Nil
- Emergency Courier Expenses	N/A	N/A	£150	Nil	£200	Nil
- Business Equipment Hire	N/A	N/A	£30 per 24hrs up to £300	Nil	£50 per 24hrs up to £500	Nil
31 Business Money	N/A	N/A	£1,000	£75	£1,000	£50
- Cash Limit	N/A	N/A	£500	£75	£500	£50
32 Replacement Employee	N/A	N/A	£1,000	£75	£1,500	£50
33 Special Sports and Activities Cover – please see Section 33						
34 Scheduled Airline Failure	£500	Nil	£1,500	Nil	£3,000	Nil

* LOD means the **excess** applicable if the cancellation fee is Loss of Deposit only.
 ** If **you** have chosen to delete Cancellation, Curtailment and Trip Interruption cover, section 5 will not apply.
 *** If **you** have chosen to delete **Personal Possessions** cover, section 8 will not apply.
 **** If **you** have purchased the **excess** waiver, no **excess** will apply.